

Nassau County
Community Health Assessment
2010 Update



Volume One
Demographic and Health Resource Data

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Nassau County Community Health Assessment

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Methods of Analysis

1. All NC rates calculated by NCDOH used Census 2000. Secondary sources for rates may have used population denominators, for example the American Community Survey (ACS). The ACS is an ongoing survey providing yearly estimates for geographic areas with a population of 65,000 or more. Please see individual references for specific denominators and methods used, if necessary.
2. National Data was derived from CDC Wonder (wonder.cdc.gov) or the Healthcare Cost and Utilization Project (HCUP) using the HCUPnet (hcupnet.ahrq.gov). See websites for specific data methods and calculations as different years and denominators were used.
3. Comparison data was presented from NYS or NYS, excluding NYC. NYC data can skew NYS data as it is a large metropolitan area.
4. All NC rates calculated by NCDOH used the most recent 3-year data available.
5. Stratified data that had frequency counts ≤ 5 were excluded from the analysis because of statistical instability and in some cases, confidentiality reasons
6. Stratified data by age-range used those age groups which were available. For example, in some cases teenage range is considered 15-19 yrs or 15-17 yrs.
7. Injury data included hospitalization data only because mortality data counts were too small to apply analysis.
8. Stratified data by age were age-adjusted by the direct method using the 2000 US Projected Population (see citations). Stratified data by other categories (with the exception of Cancer data) were not further age or sex adjusted. Age adjustment by sex/ zip (double adjusting) would dilute the true rate and only be valuable as a comparison. Therefore, direct stratification was used to describe populations in NC (ethnicity, race, sex, zip code).
9. Stratified data by zip code accounted for unique boundary issues in Nassau, as well as, zip code entry errors. Great Neck, Valley Stream, and New Hyde Park were collapsed by community because they had multiple zip codes. Farmingdale data are available in some cases for NC, but not for all diseases. Zip code data were dropped if Census data did not reflect population data for that particular Zip code.
10. Demographic profile summaries of zip codes in NC can be found through the US Census Bureau at http://factfinder.census.gov/home/saff/main.html?_lang=en. A list of zip codes and communities in NC can be found in the appendices.
11. Stratified data on race did not include “other” as there is no intrinsic value.
12. STD data were not stratified on race and ethnicity as there were an overwhelming number of unknowns.
13. Race and ethnicity is self-reported resulting in limitations of the data.
14. Statistical significance was calculated using the same methodology used by NYSDOH in calculating significance for Community Health Assessment Indicators (CHAI) tables (see citations).
15. The term “significant” is used to denote statistical significance throughout this document; otherwise difference does not have statistical significance.

Populations at Risk

Demographic and Health Status Information

The following data represent NC's morbidity and mortality in the areas of chronic disease, injury prevention, prenatal care and perinatal health, infant mortality, family planning, sexually transmitted disease, HIV/AIDS, tuberculosis, communicable disease, lead poisoning, oral health, immunization, nutrition, physical activity and health risk behaviors. When appropriate, data were stratified to identify populations at risk as each health outcome may have unique characteristics. Populations at risk may include specific races, ethnicities, age groups, communities, and sex depending on the outcome assessed. Furthermore, NC data were analyzed as it relates to NYS overall and excluding NYC. See methods section for technical information.

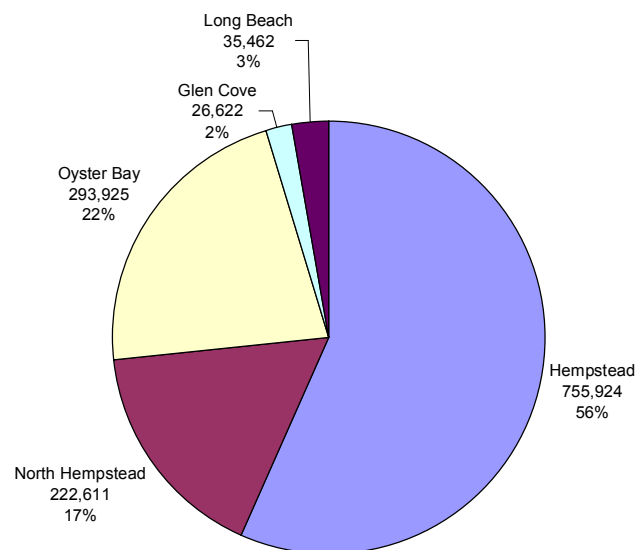
Brief History

NC's origin can be traced back as far as 1643 when settlers from New England crossed the Long Island Sound to seek more land. Forty years later, NYS was divided into 12 counties. Long Island was made up of three of these counties (Kings, Queens and Suffolk). Queens County included western Long Island and two towns, which would eventually become NC (Hempstead and Oyster Bay). During the American Revolutionary War, pro-revolutionists split from royalists in Hempstead to form the Town of North Hempstead. The decision in 1898, by the three towns, to secede from Queens County led to the founding of NC on January 1, 1899. In 1910, the city of Glen Cove seceded from the Town of Oyster Bay and in 1922, the City of Long Beach followed suit by seceding from the Town of Hempstead.

Land Area and Population Distributions

- NC is made up of five subdivisions, which include three towns (Hempstead, North Hempstead and Oyster Bay) and two cities (Glen Cove and Long Beach). It lies between Queens County, a borough of NYC, on the west; and Suffolk County on the east. The county has a total area of 453 square miles. Almost 37% of the county, or 166 square miles, is water.
- In 2000, there were 1,334,544 people; 447,387 households; and 347,172 families living in NC, making it more populated than 10 US states. It is the 27th largest county in the nation and the sixth largest county in NYS. The size of the county's population has essentially remained at the same level since 1960. Over the same period, NYS's population increased by 13.1% and the population of the US increased by 57%.

Population Distribution by Town/City, Nassau County, 2000



Source: U.S. Census 2000

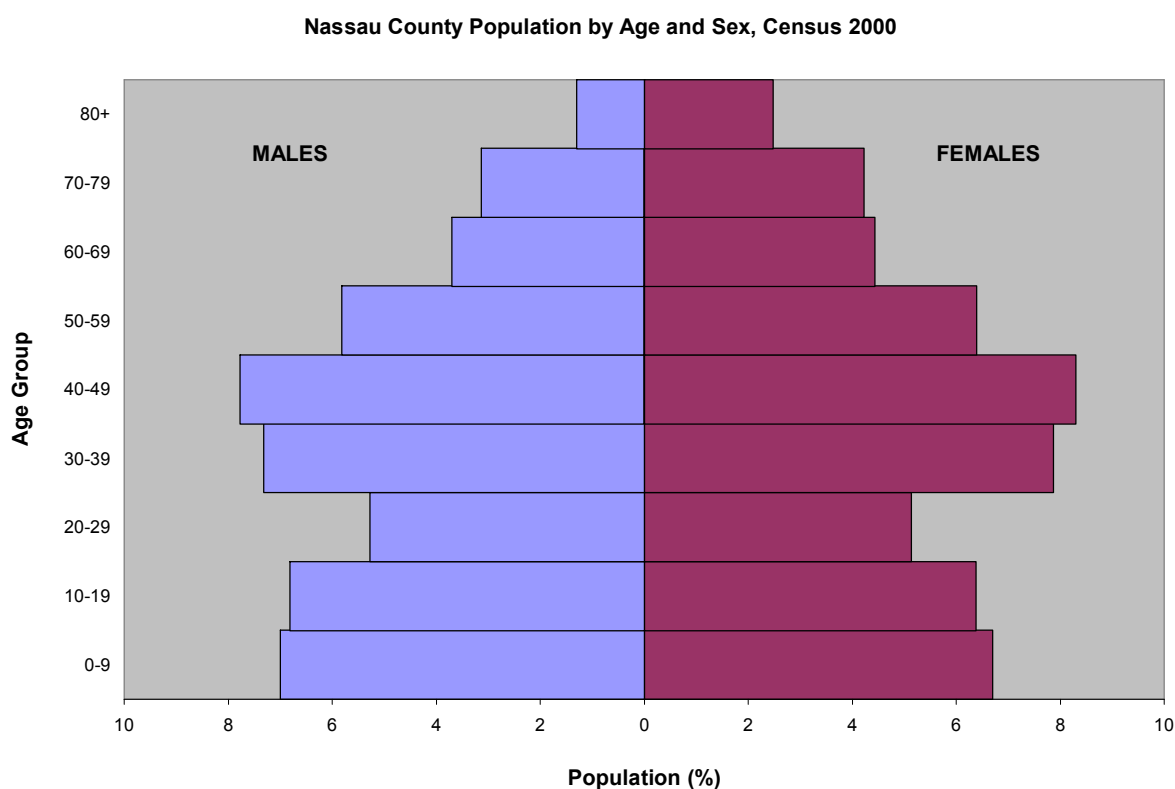
- The most populated county subdivision is the Town of Hempstead with 755,924 people (56% of the county's population)
- The smallest subdivisions are the Cities of Long Beach (35,462 people; 3%) and Glen Cove (26,622 people; 2%)
- The Towns of Oyster Bay and North Hempstead make up the other 39% of the county's population with 293,925 residents and 222,611 residents, respectively.

Population Characteristics

NC is undergoing a rapid demographic shift, even as the total population has remained steady. The population is significantly older than it was twenty or even ten years ago, and it is becoming far more ethnically, racially and economically diverse.

In 1960, half of the county's population was under 30 years old but by 2000, the median age had increased to 38. Seniors (aged 65 years and older) increased by 148% (80,847 to 200,841). NC's population is older than either NYS or the US as a whole. Fifteen percent of the residents of the county were aged 65 years and older, compared to 12.9% for NYS and 12.4% for the US. The number of elder seniors (85 years and over) increased from 3,560 to 22,209 (524%).

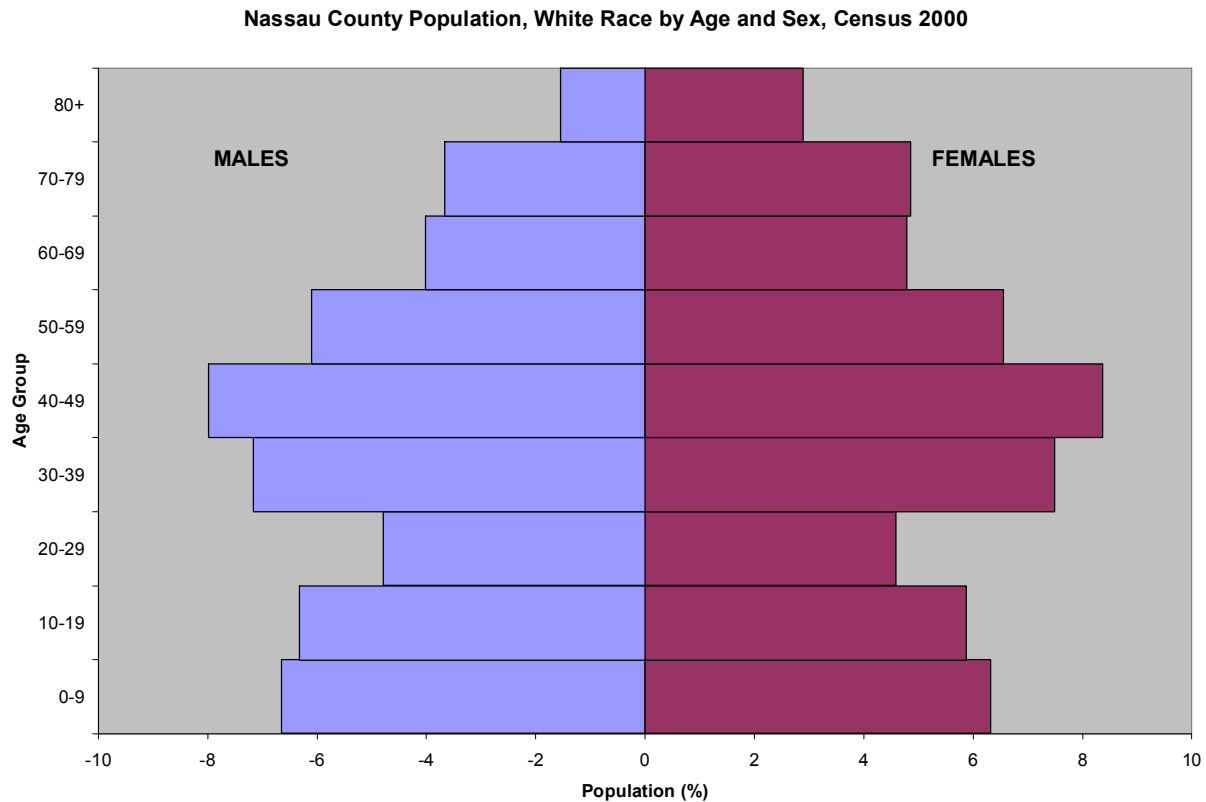
Age and Sex Distribution



- Overall, 51.9% of the county population is female and 48.1% is male.
- There are more males than females for the age groups 0-9, 10-19 and 20-29 years.
- However, the number of women exceeds the number of men in all other age groups above 30. This difference tends to increase with age.
- There are more people in the age groups 30-39 and 40-49 than in any other age groups.
- The number of people in the age group 20-29 is fewer than all other age groups except those older than 60.

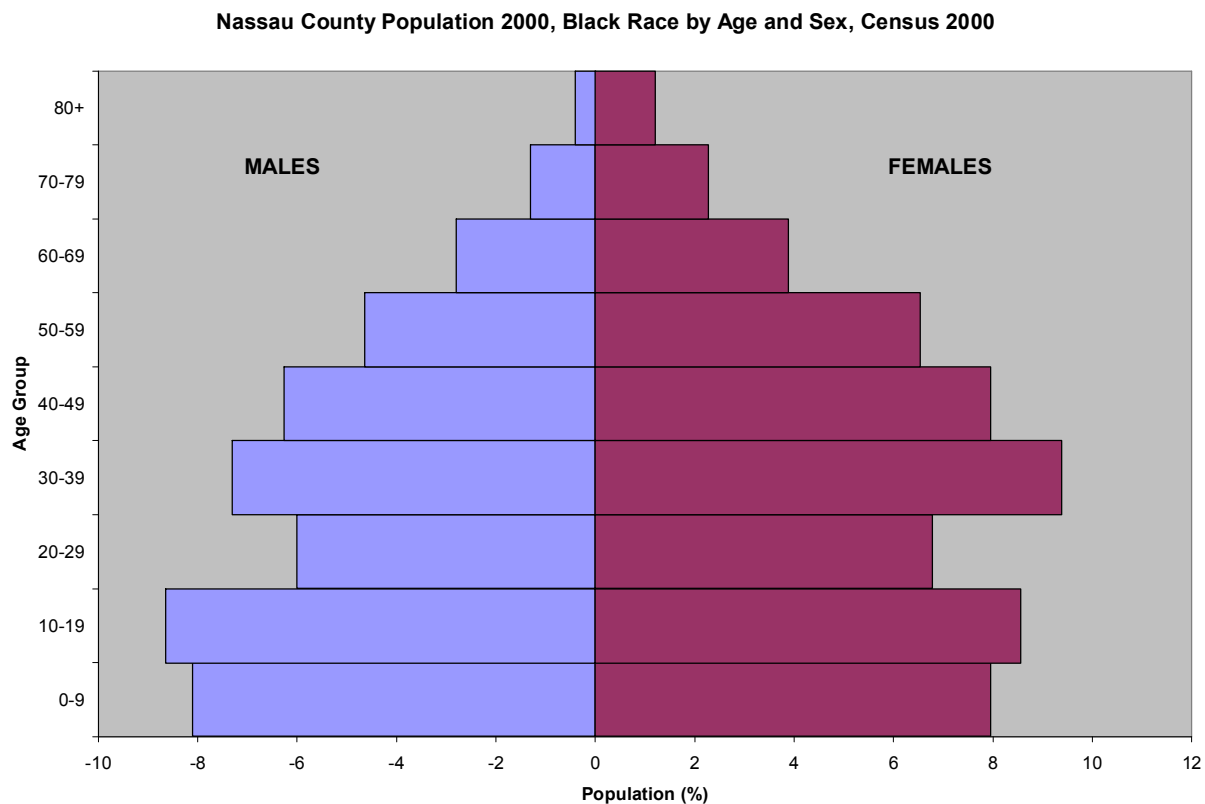
- The overall median age for all county residents is 38.5 years. The median age is 37.1 for males and 39.9 for females.

Age and Sex Distribution – White



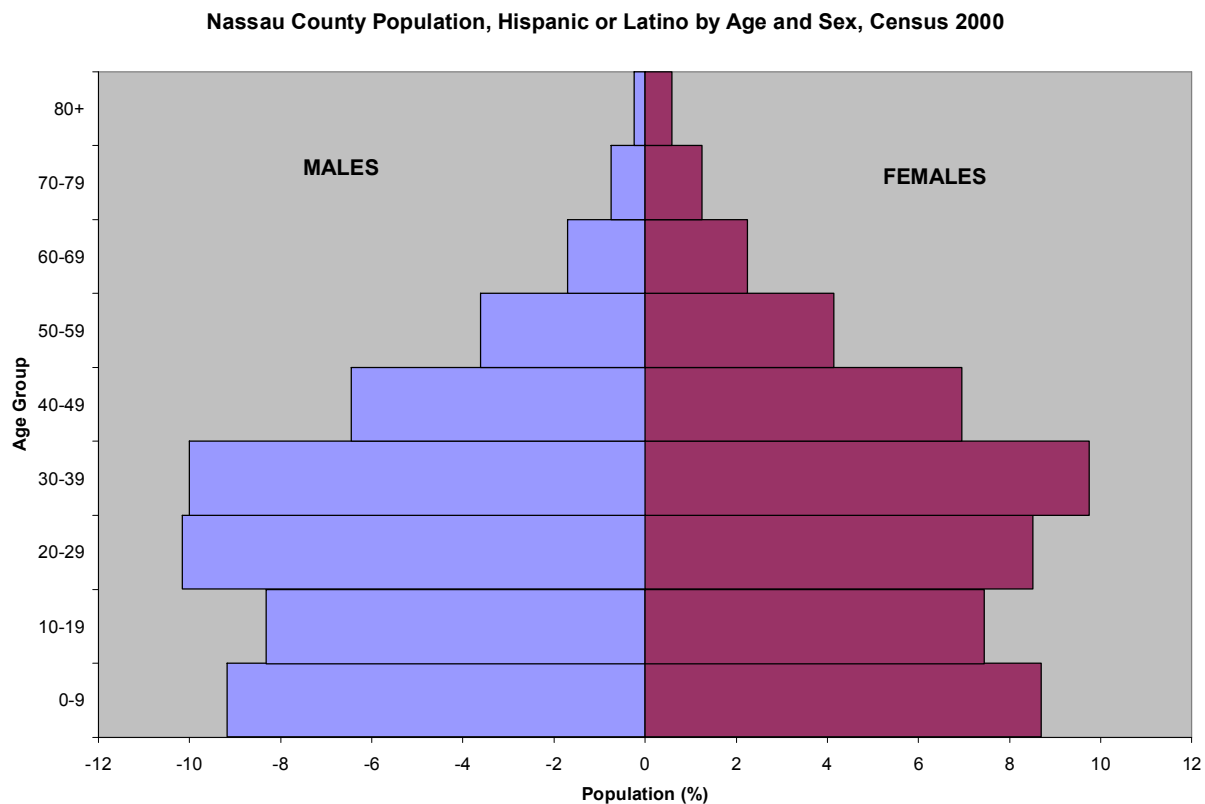
- Given that the majority of county residents are whites, the age and sex distributions for whites are similar to the distributions of the county as a whole
- 48.5% of white county residents are male and 51.5% are female.
- The median age of all white residents is 40.4 years. The median age for white males is 39.0 years and for white females is 41.8 years.
- The number of white males is greater than females in all age groups below 29 years.
- Similar to NC as a whole, the largest percentage of white residents are in the 40-49 age group.

Age and Sex Distribution – Black



- 45.4% of black residents are male and 54.6% are female.
- The median age of all black residents is 32.7 years. The median age for black males is 30.0 years and for black females is 34.4 years.
- Compared to the county as a whole, the black population is younger with the largest percentage in the age groups 10-19 and 30-39.
- There are more black males than females among those under age 19. However, there are more black females than males over age 20—a difference which increases with age.

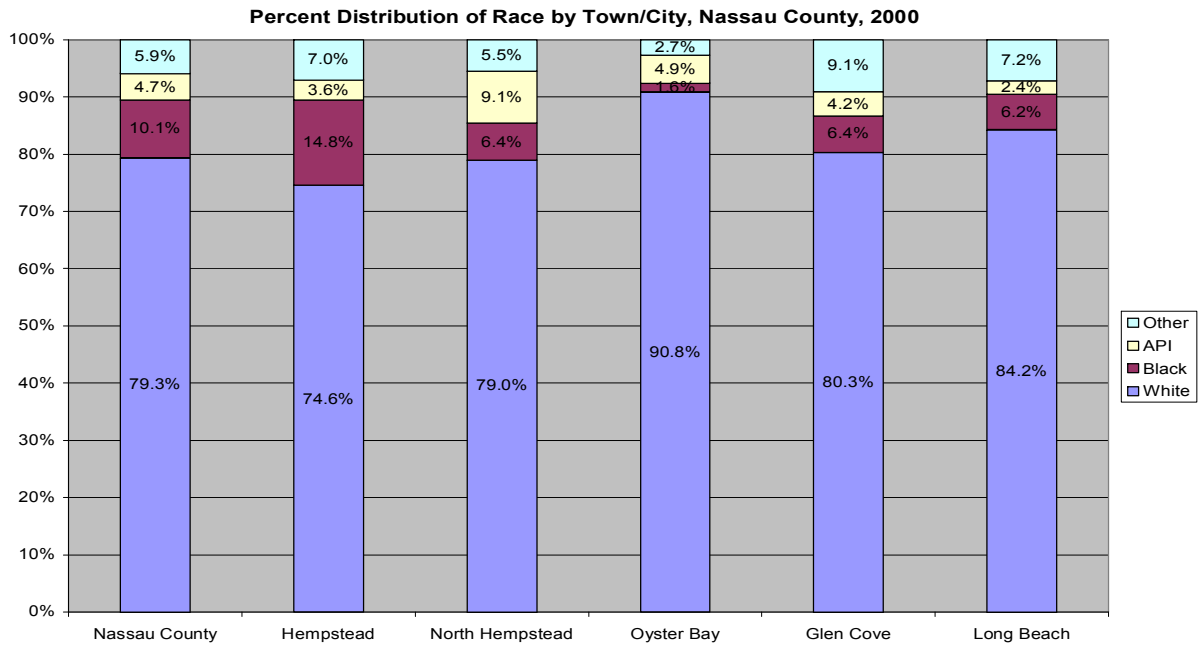
Age and Sex Distribution – Hispanic



- Among the Hispanic population in NC, 50.4% are male and 49.6% are female.
- The median age of all Hispanic residents is 28.9 years. The median age of Hispanic males is 27.7 years and the median age of Hispanic females is 30.1 years.
- There are more Hispanic females than males in all age groups over 40.
- The greatest proportion of the Hispanic population is under age 39.

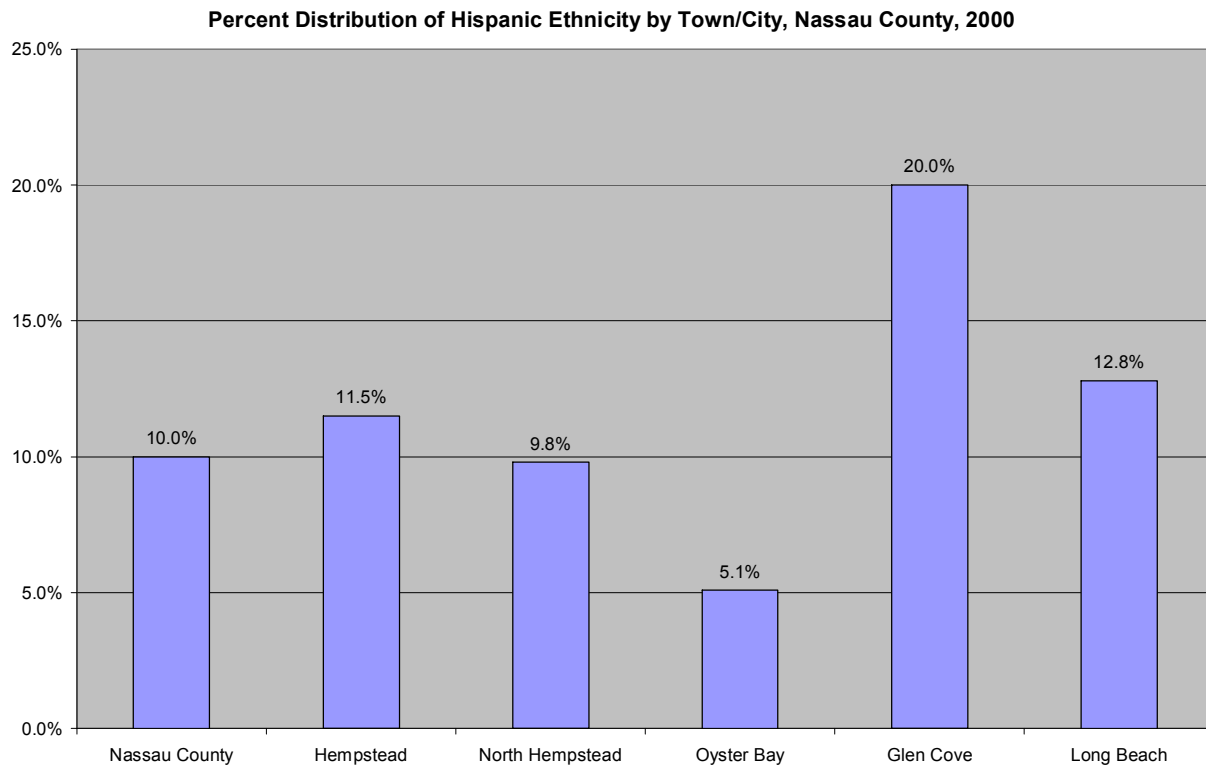
Race and Hispanic Origin

In 1960, when the US Census began to classify race, whites accounted for 96.7% of the county's population. By 2000, that percentage had decreased to 79.3%, with blacks accounting for 10.1% and Asians accounting for 4.7%. Individuals of Hispanic origin (of any race) accounted for 10.0% of the population. Twenty-three percent of Nassau's population speaks a primary language other than English in the home.



Source: U.S. Census

- NC is predominantly white (79.3%). Oyster Bay has the highest proportion of white residents (90.8%). People of other races represent smaller proportions of the county's population.
- Representation of persons of color varies geographically. Hempstead has the highest proportion of those who identify themselves as black (14.8%) which is almost 5% higher than the county average (10.1%).
- North Hempstead has the highest proportion of Asian and Pacific Islanders (9.1%) which is almost double the county average (4.7%).



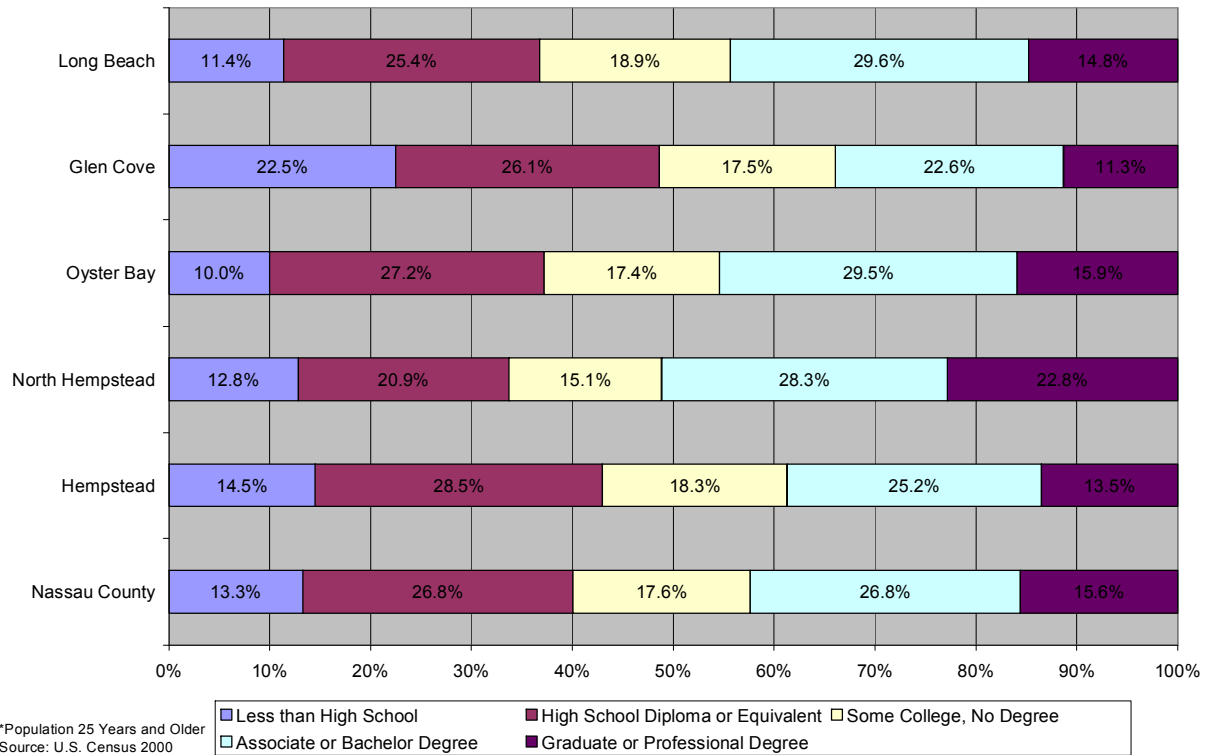
Source: U.S. Census 2000

- Compared with the county average of 10.0%, the proportion of those who identified themselves as Hispanic or Latino (of any race) in Glen Cove is double (20.0%).
- The proportion of Hispanics in Oyster Bay (5.1%) is nearly half that observed in the county overall.

Educational Attainment

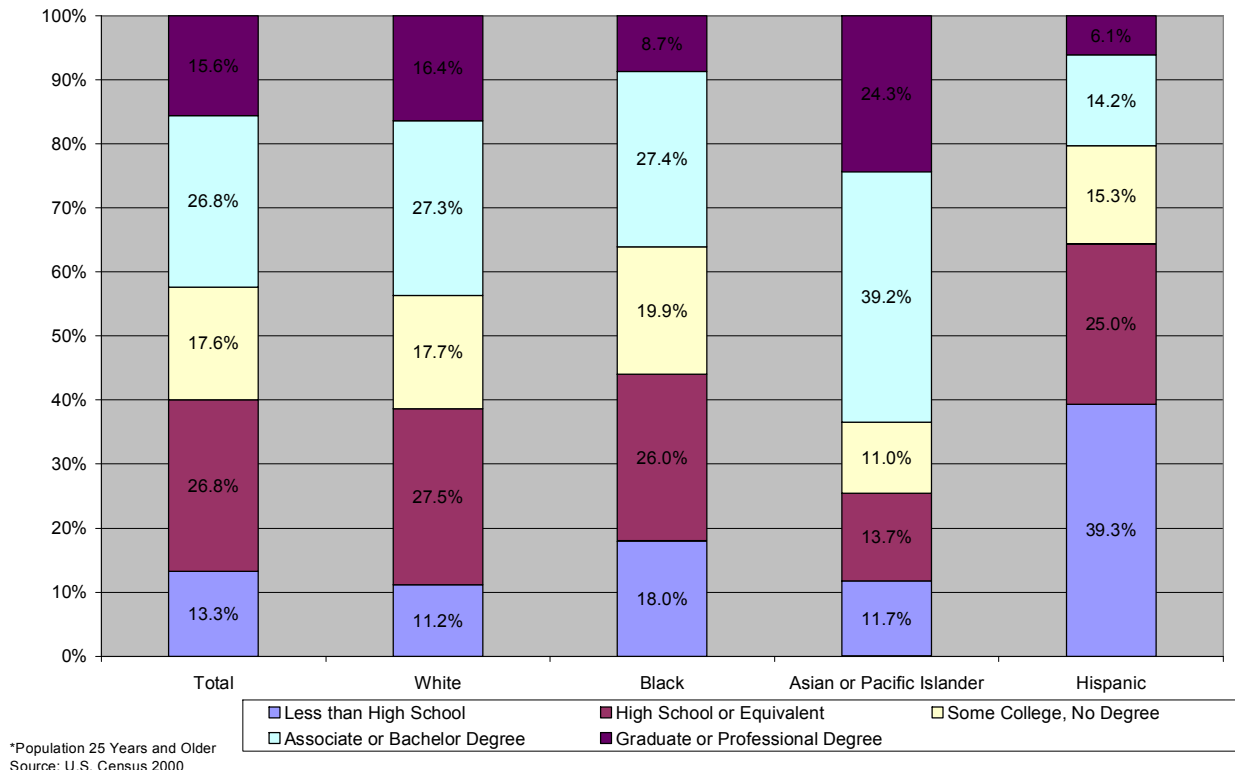
The percentage of high school graduates in NC increased marginally from 84.0% in 1990 to 86.7%, in 2000. Residents with bachelor's degrees grew from 30.0% to 35.4% in NC in the same time period. By comparison, 27.4% of NYS residents had bachelor's degrees or higher.

Educational Attainment* by Town/City, Nassau County, 2000



- In NC, 89.6% of the population graduated high school by the age of 25. All county subdivisions had a similar proportion of their residents obtain a high school diploma except Glen Cove where only 77.6% of the population completed a high school education by age 25.
- 42.4% of residents have an associate degree or higher. In North Hempstead, over half (51.1%) of residents have at least an associate degree. However, only about a third of residents in Glen Cove (33.9%) have an associate or higher degree.

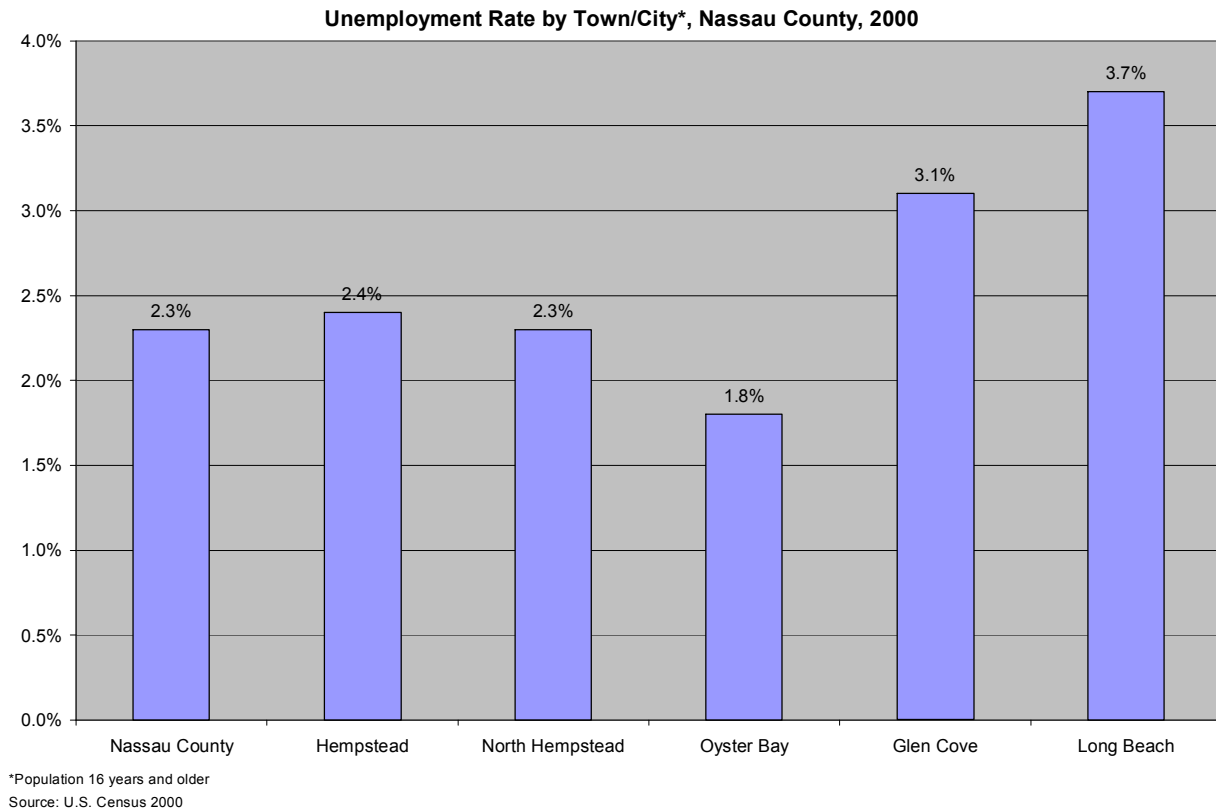
Educational Attainment* by Race/Ethnicity, Nassau County, 2000



- Among whites, 88.8% have at least a high school diploma and 43.3% have an associate degree or higher. Only 11.2% do not have a high school diploma or equivalent.
- Among blacks, 80.7% have at least a high school diploma and more than a third (38.6%) have at least an associate degree. 18% do not have a high school diploma or equivalent.
- 63.5% of Asian or Pacific Islanders have at least an associate degree. Only 11.7% do not have a high school diploma or equivalent.
- 60.7% of Hispanics have at least a high school diploma and 20.3% have an associate degree or higher. 39.3% do not have a high school diploma or equivalent.

Employment

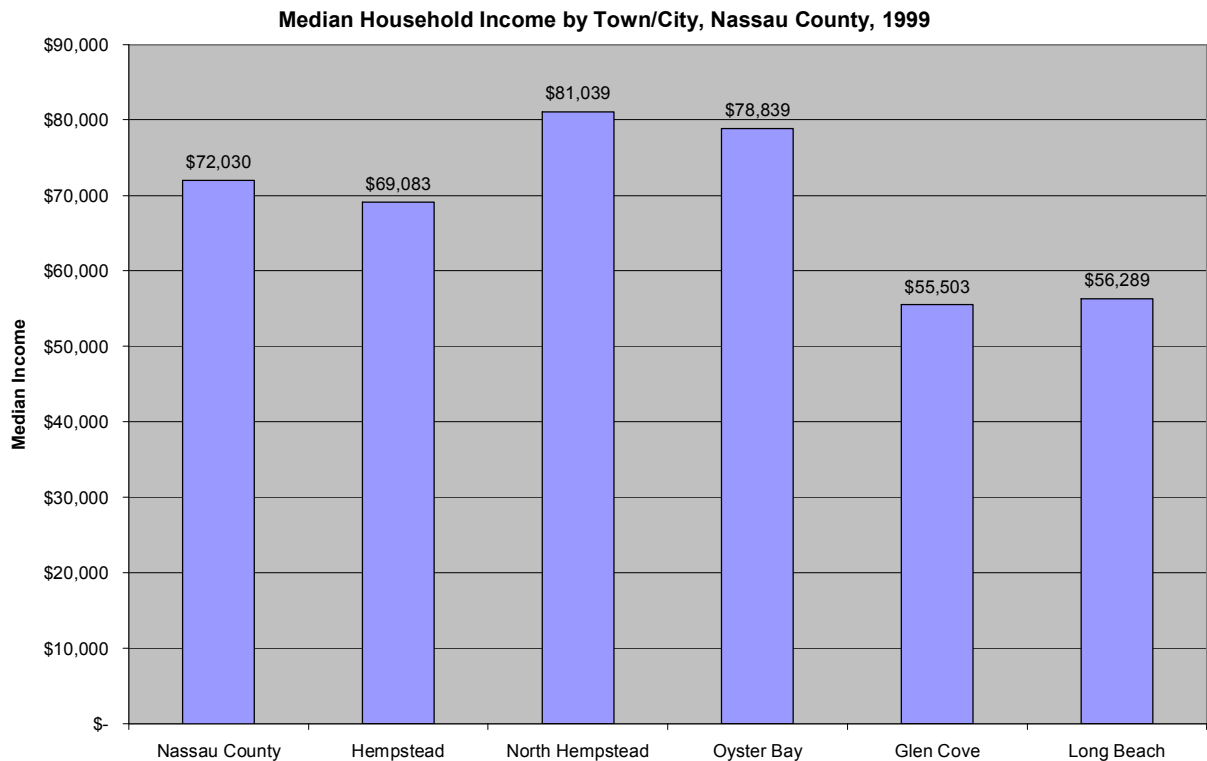
The 2000 Census showed that among all county residents who are at least 16 years old, 655,363 or 62.9%, are in the civilian (nonmilitary) labor force. Of those, 631,188, or 96.3%, are employed.



- Overall, 2.3% of NC residents are unemployed.
- The highest unemployment rate was observed in Long Beach (3.7%) and the lowest in Oyster Bay (1.8%).

Household Income

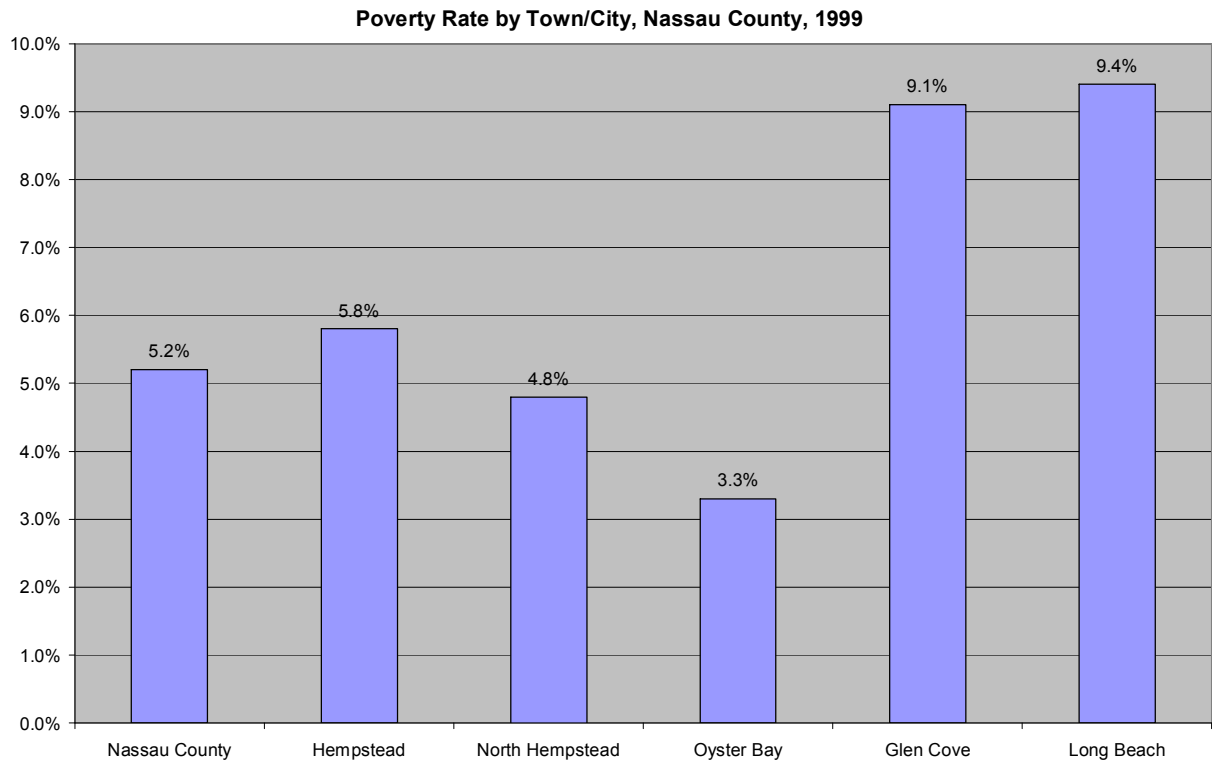
According to the 2000 Census, the median household income (in 1999 adjusted dollars) in NC was \$72,030 placing it among the top ranking counties (6/3219) in the US. The median household income has almost doubled since 1990, when it was \$43,393. In NYS, the median household income was \$43,393 and in the US it was \$41,994. 5.2% of county residents were living below the federally designated poverty level (\$18,400).



Source: U.S. Census 2000

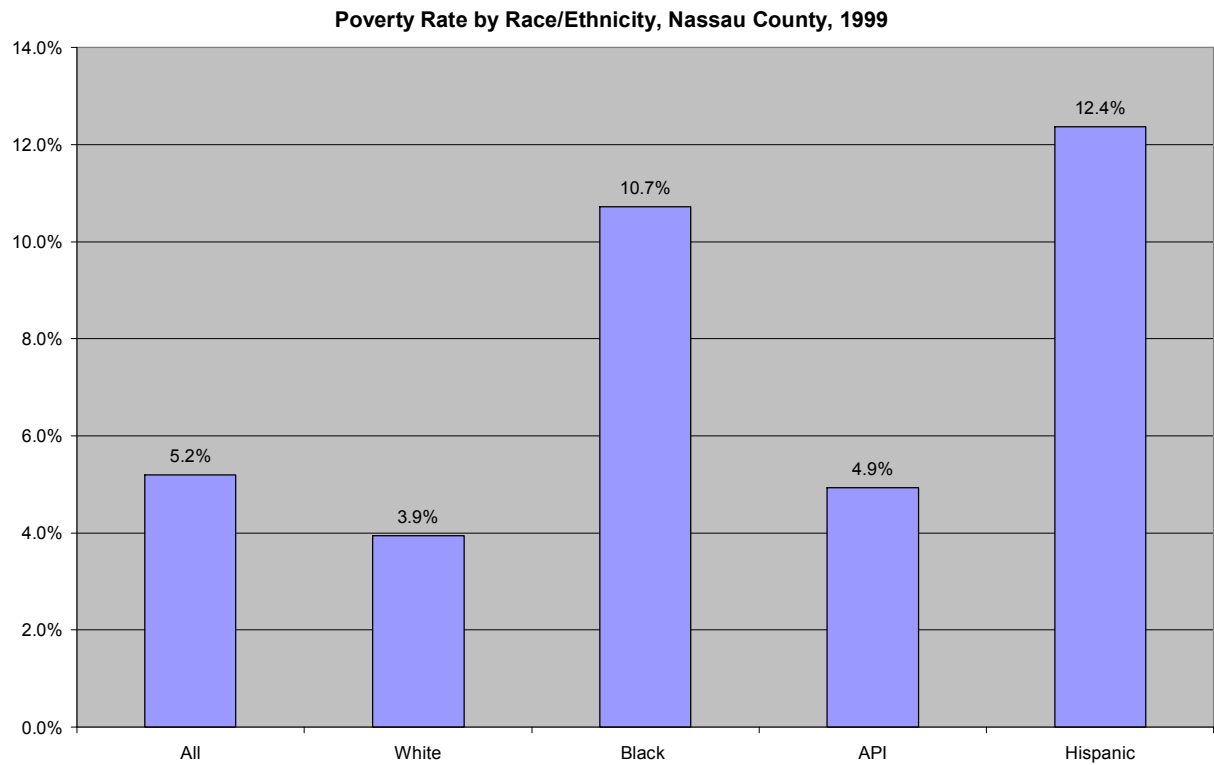
- The highest median household incomes are in North Hempstead (\$81,039) and Oyster Bay (\$78,839). The lowest median household incomes are in Long Beach (\$56,289) and Glen Cove (\$55,503).

Poverty



Source: U.S. Census 2000

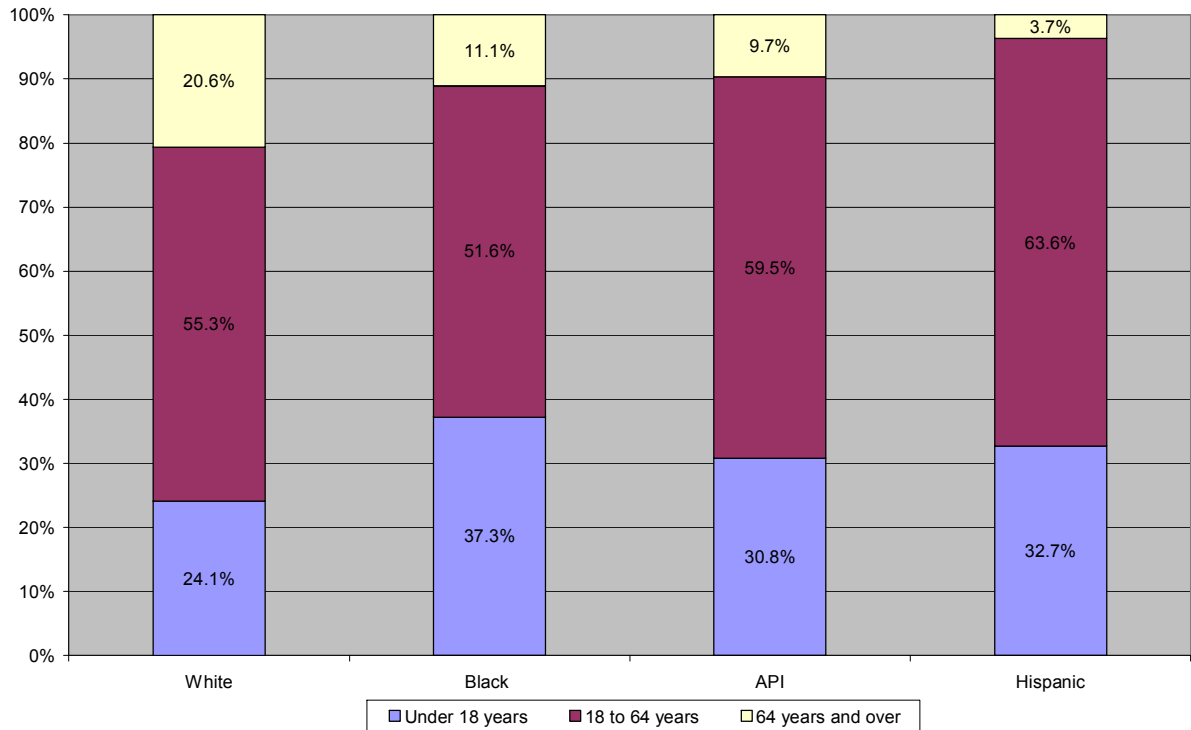
- 5.2% of NC residents were below the federal poverty level.
- The highest rates of poverty are in Glen Cove (9.1%) and Long Beach (9.4%) and the lowest rate is in Oyster Bay (3.3%).



Source: U.S. Census 2000

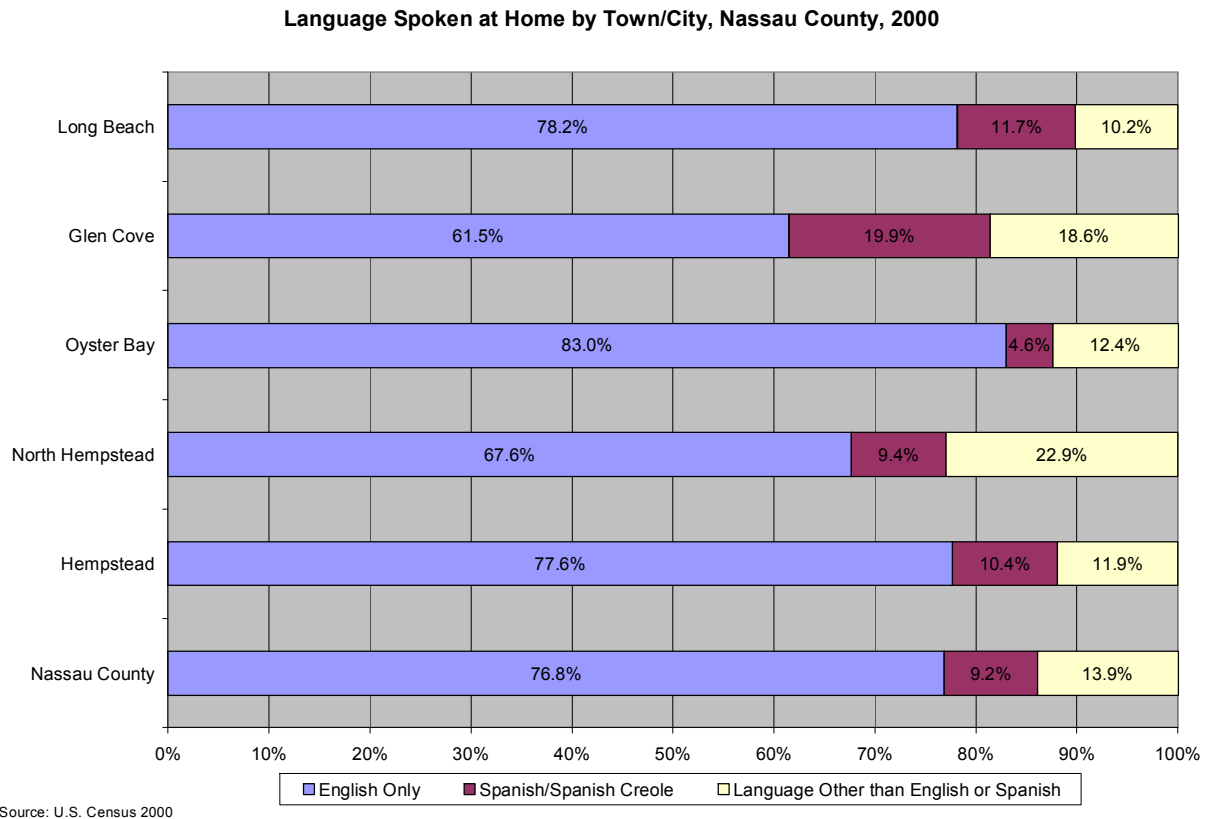
- The highest levels of poverty are among the Hispanic population (12.4%) and the lowest among the white population (3.9%).

Poverty Distribution of Age by Race/Ethnicity, Nassau County, 1999



- Across all races and ethnicities, among those in poverty, the highest rates are in the 18-64 age group varying between 51.6% and 63.6%.
- Over a third of the black population in poverty is under the age of 18.
- Over 20% of the white population in poverty is 65 years and older.
- Only 3.7% of the Hispanic population in poverty is 65 years and older.

Language Spoken at Home

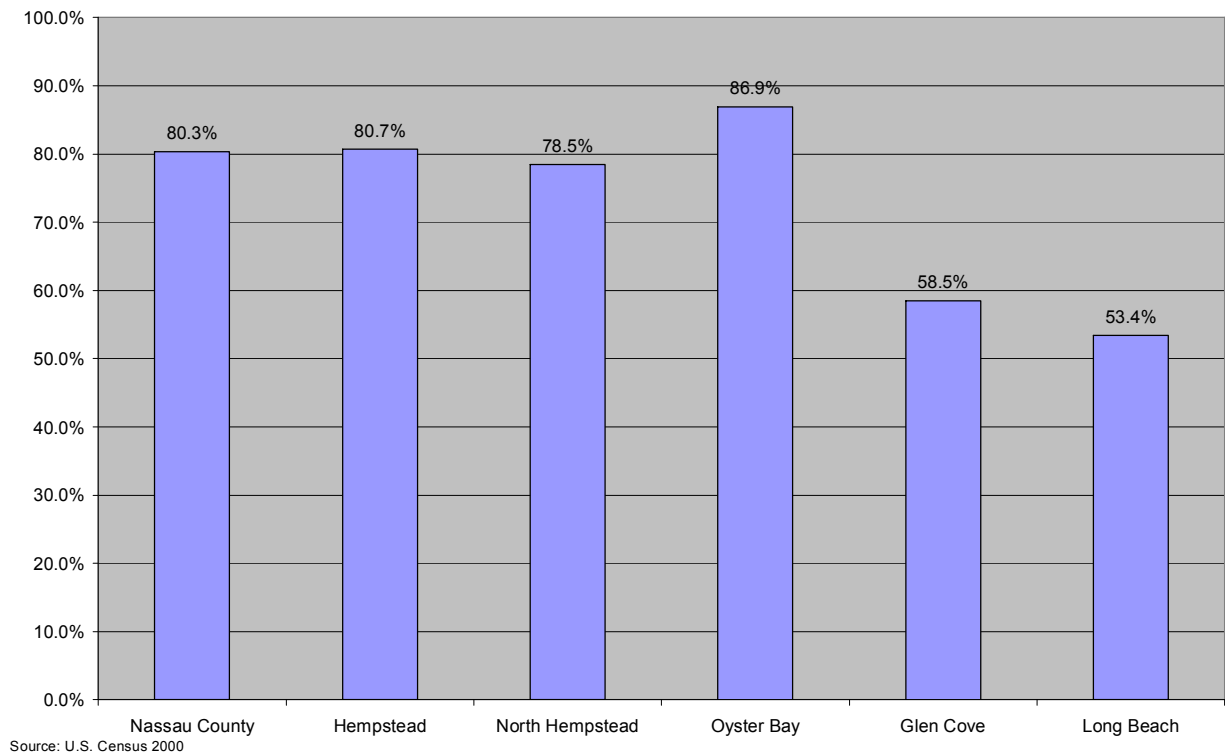


- The majority of households in NC speak English at home (76.8%).
- Among the 23.1% of households that do not speak English at home, the greatest percentage speak Spanish or Spanish Creole (9.3%).
- Oyster Bay has the greatest percentage of English-speaking households (83.0%).
- Glen Cove has the greatest percentage of households that speak another language at home other than English (38.5%), with more than half of those households speaking Spanish or Spanish Creole.

Housing

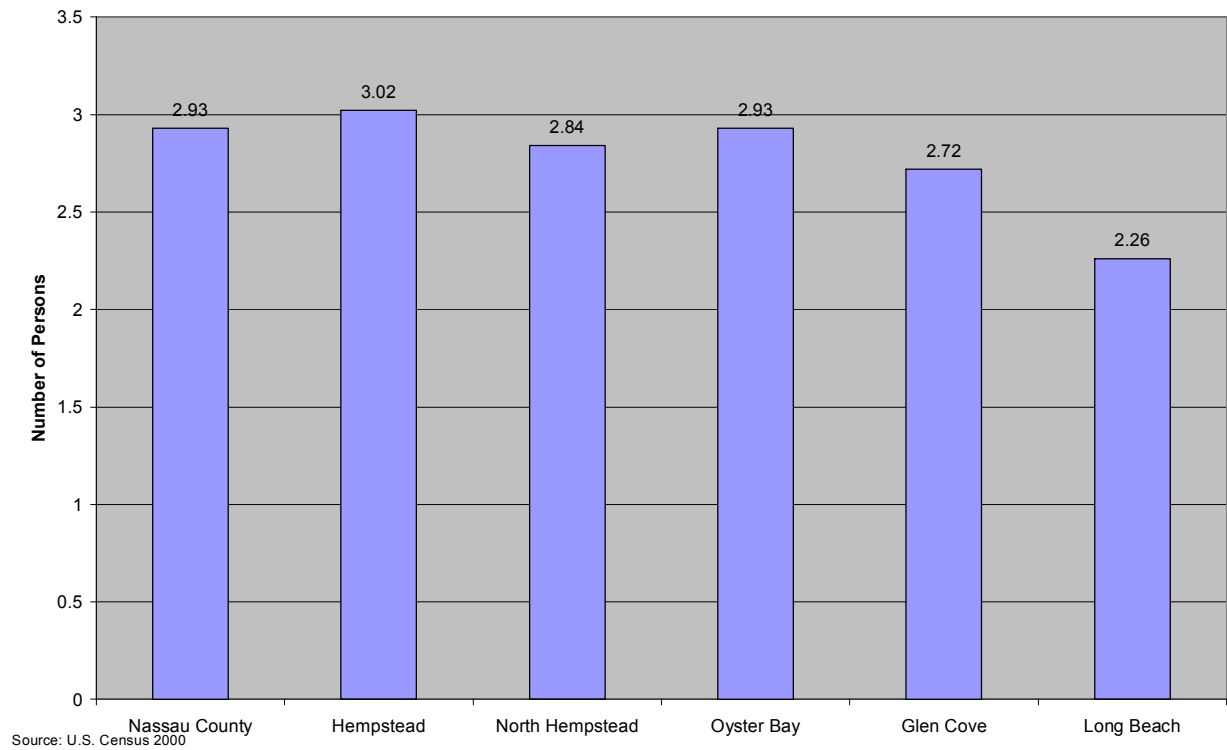
There are 447,387 households and 347,172 families living in 458,151 housing units in NC. The housing density is 1,598 units per square mile. Approximately 73% (327,134) of the county's housing units were built prior to 1960.

Percentage of Owner Occupied Housing Units by Town/City, Nassau County, 2000



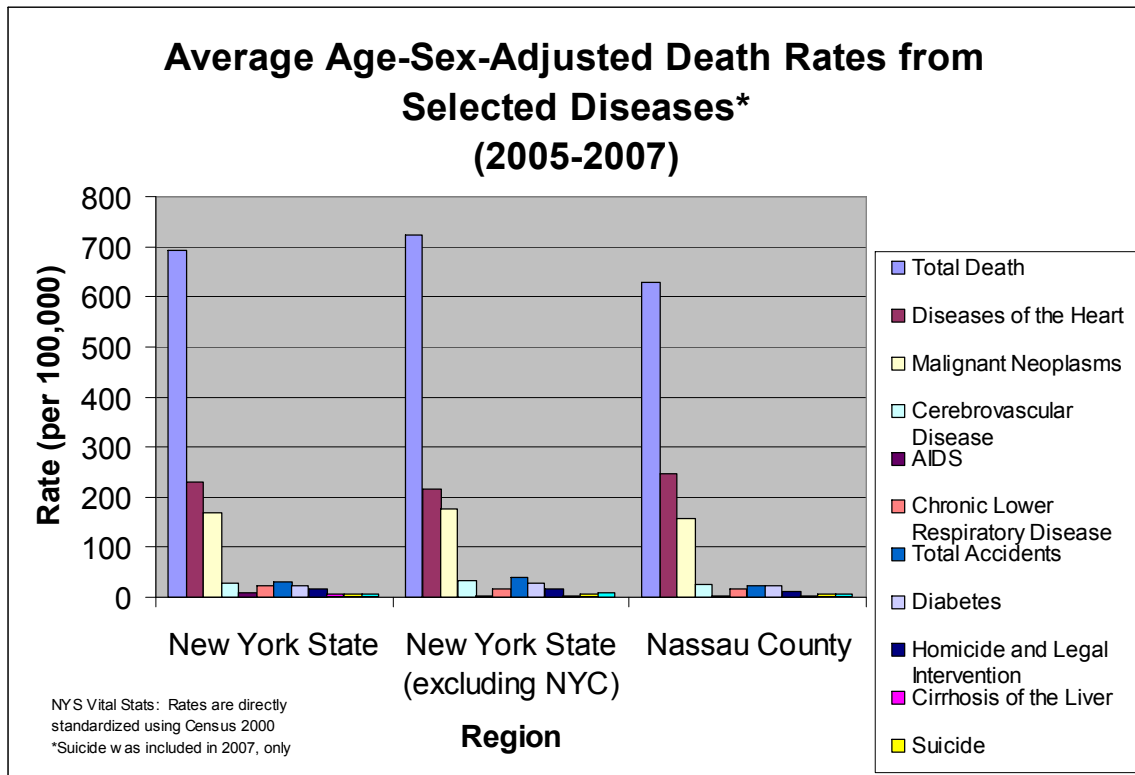
- In NC, 80.3% of occupied housing units are owner occupied.
- Oyster Bay has the greatest percentage of owner occupied housing units (86.8%) while Long Beach has the smallest (53.4%).

Average Household Size by Town/City, Nassau County, 2000



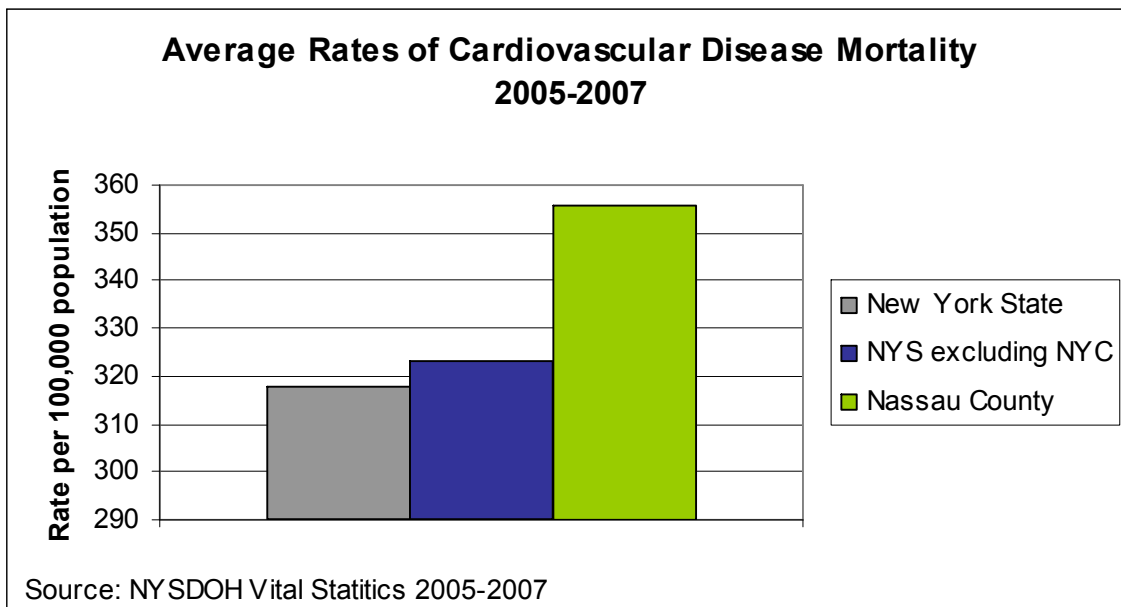
- In NC, the average household size is 2.93 persons.
- Hempstead has the greatest average household size (3.02), while Long Beach has the smallest (2.26).

Overall Death Rates



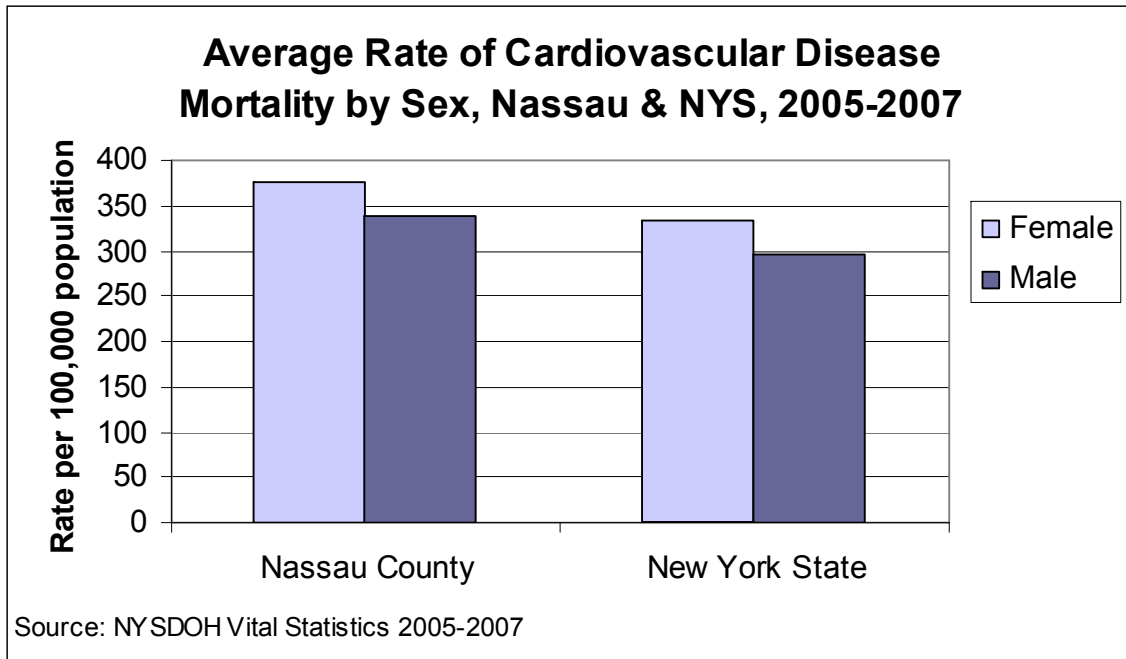
Cardiovascular Disease Mortality

Mortality due to: acute myocardial infarction, arteriosclerosis, cerebrovascular disease, chronic rheumatic fever, hypertension with and without renal disease, hypertension with heart disease, other diseases of the circulatory system, other diseases of the heart, other ischemic heart disease and/or pulmonary circulation disease.

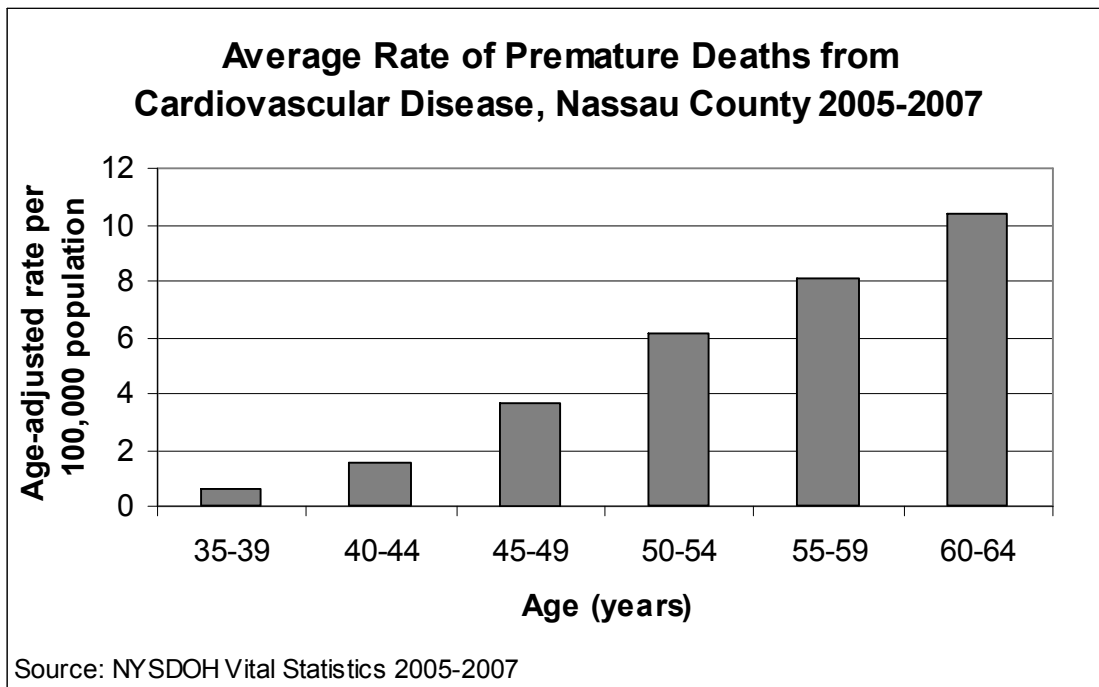


- The NC rate for overall cardiovascular disease mortality is significantly higher than both NYS and NYS excluding NYC.
- The latest national rate of cardiovascular disease mortality is 287.2 deaths per 100,000 (2004-2006), which is lower than NC (355.7), NYS (317.7) and NYS excluding NYC (323.4) for the years 2005-2007.¹

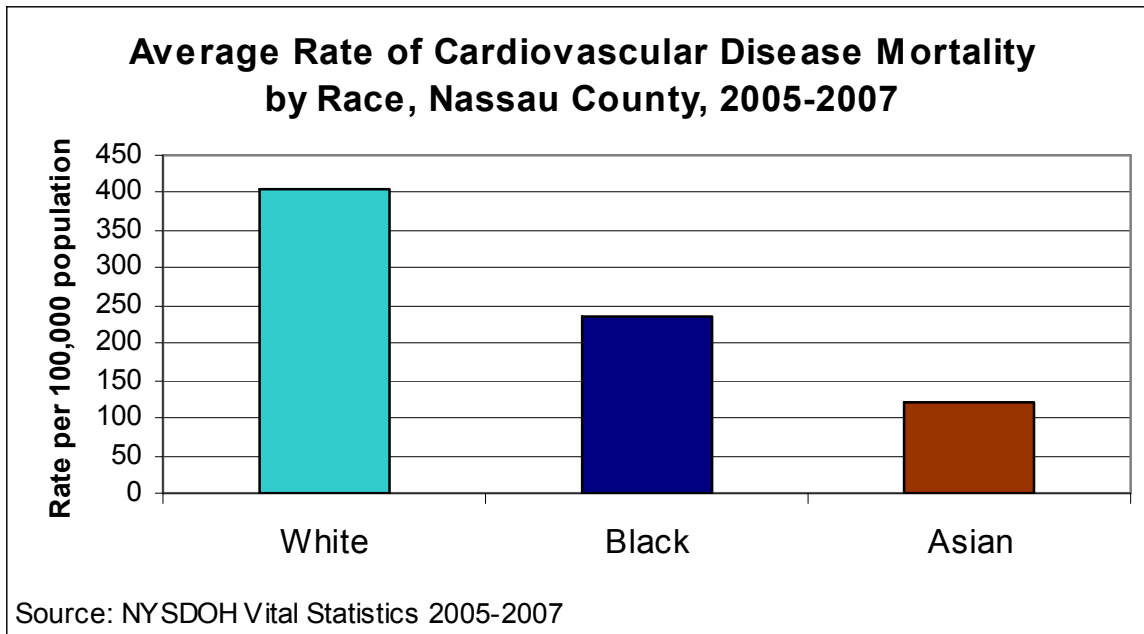
¹ CDC Wonder <http://wonder.cdc.gov/>



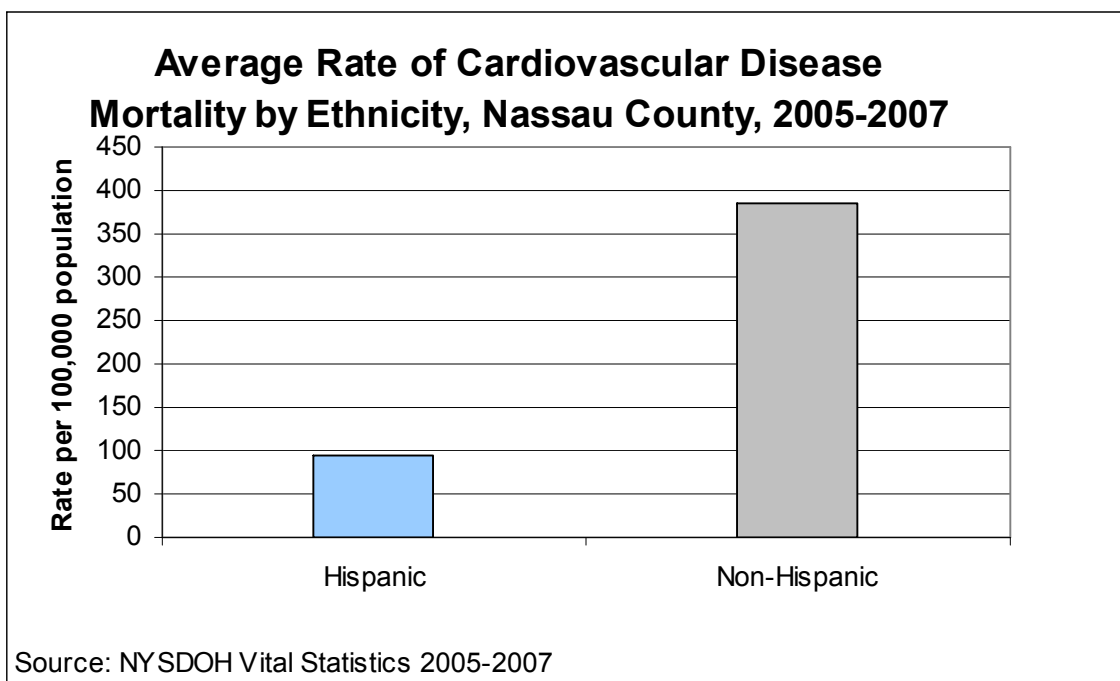
- Cardiovascular disease mortality is higher in females than males in both NC and NYS.



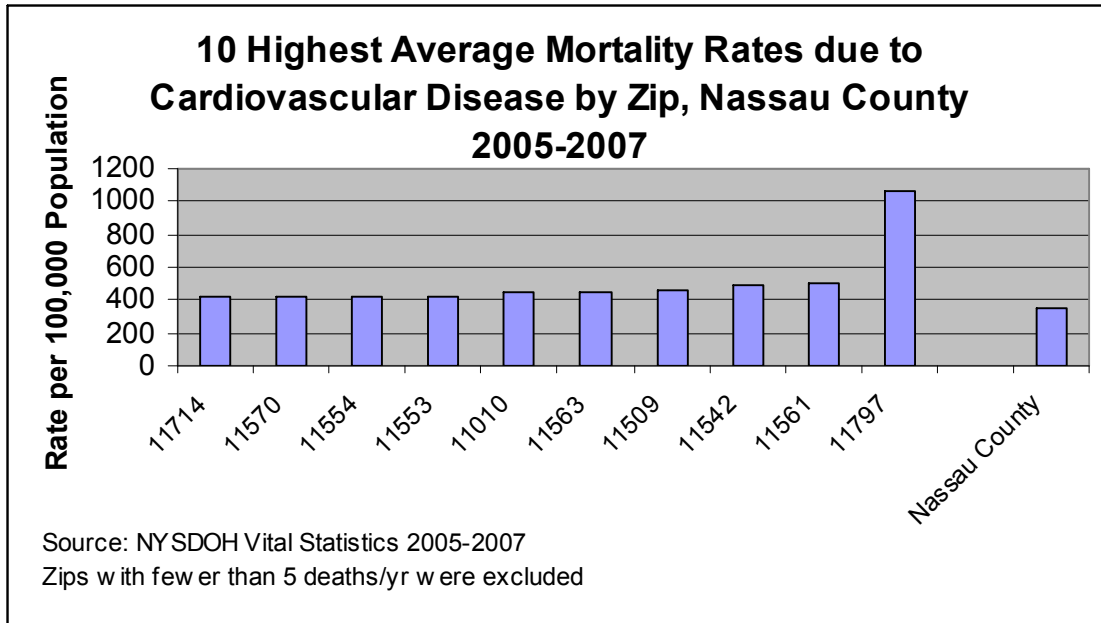
- The rate of premature death due to cardiovascular disease in NC increases with age.



- In NC, the rate of cardiovascular disease mortality is highest among whites compared to blacks and Asians.



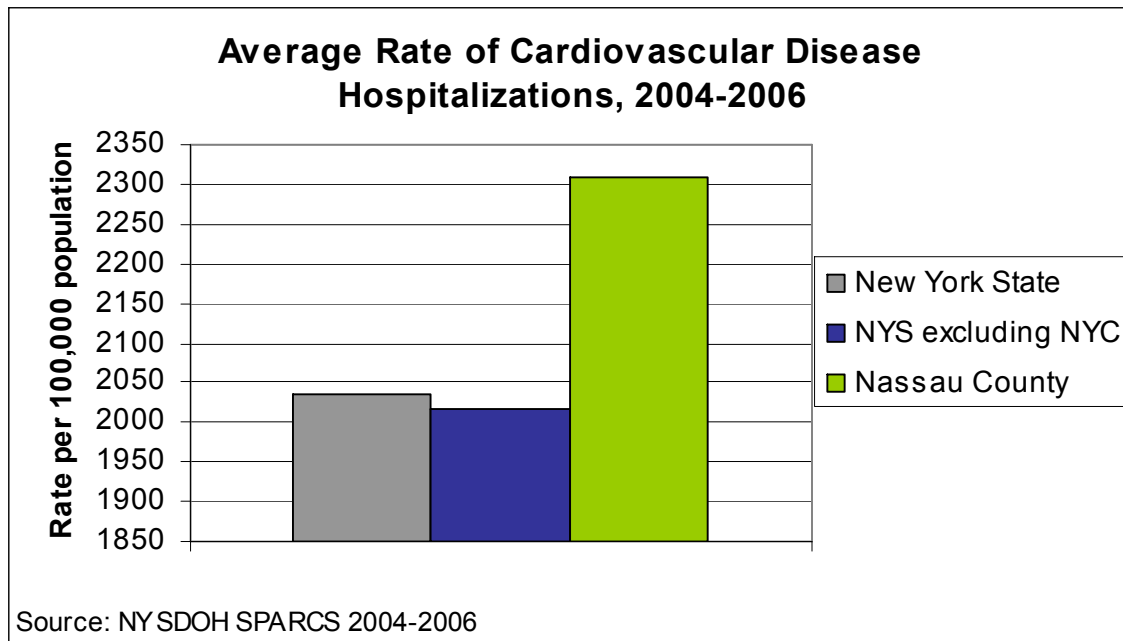
- In NC, the rate of cardiovascular disease is four times higher in non-Hispanics compared to Hispanics.



- In NC, the highest rate of cardiovascular disease mortality is in Woodbury (11797), nearly three times higher than the rate for NC as a whole.

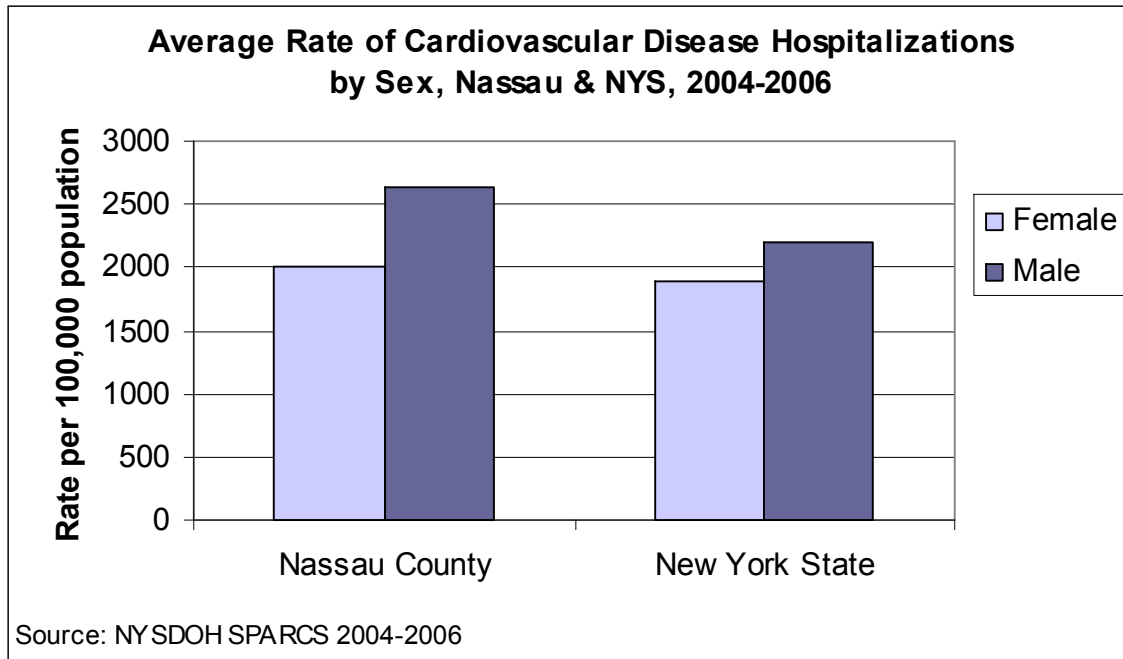
Cardiovascular Disease Hospitalizations

Hospitalizations due to: acute myocardial infarction, arteriosclerosis, cerebrovascular disease, chronic rheumatic fever, hypertension with or without renal disease, hypertension with heart disease, other diseases of the circulatory system, other diseases of the heart, other ischemic heart disease and/or pulmonary circulation disease.

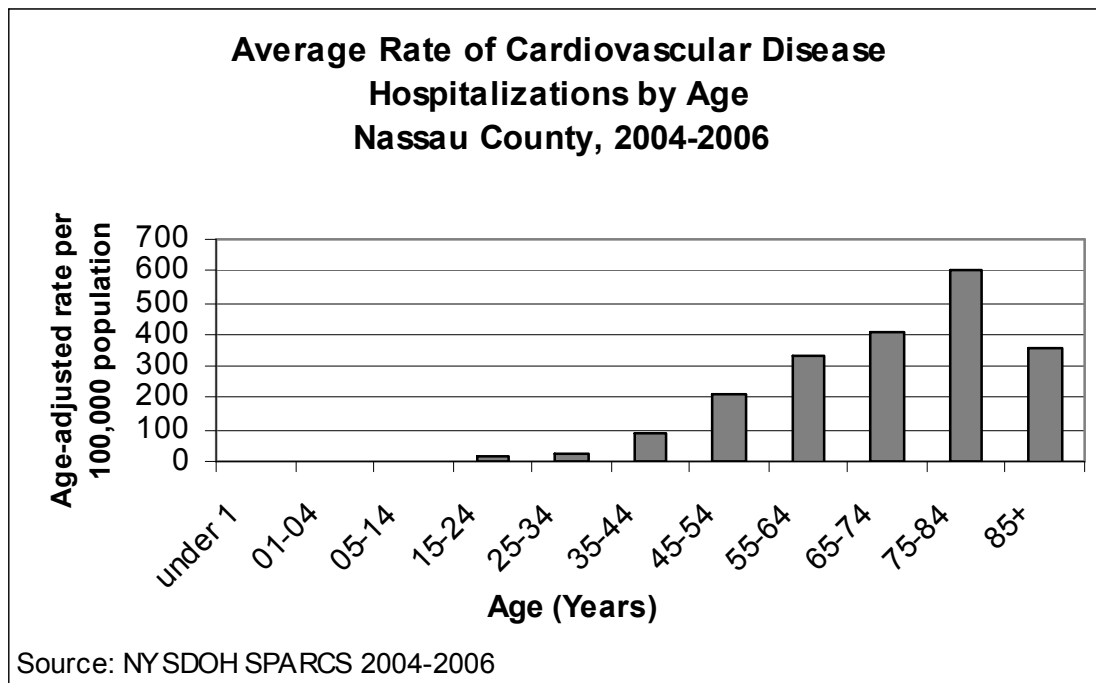


- Like cardiovascular disease mortality, the rate of hospitalizations due to cardiovascular disease is significantly greater in NC compared to NYS and NYS excluding NYC.
- The latest national rate of cardiovascular disease hospitalizations is 2121.60 per 100,000 (2004-2006), lower than the rate for NC (2310.0) but similar to NYS (2034.3) and NYS excluding NYC (2018.2).²

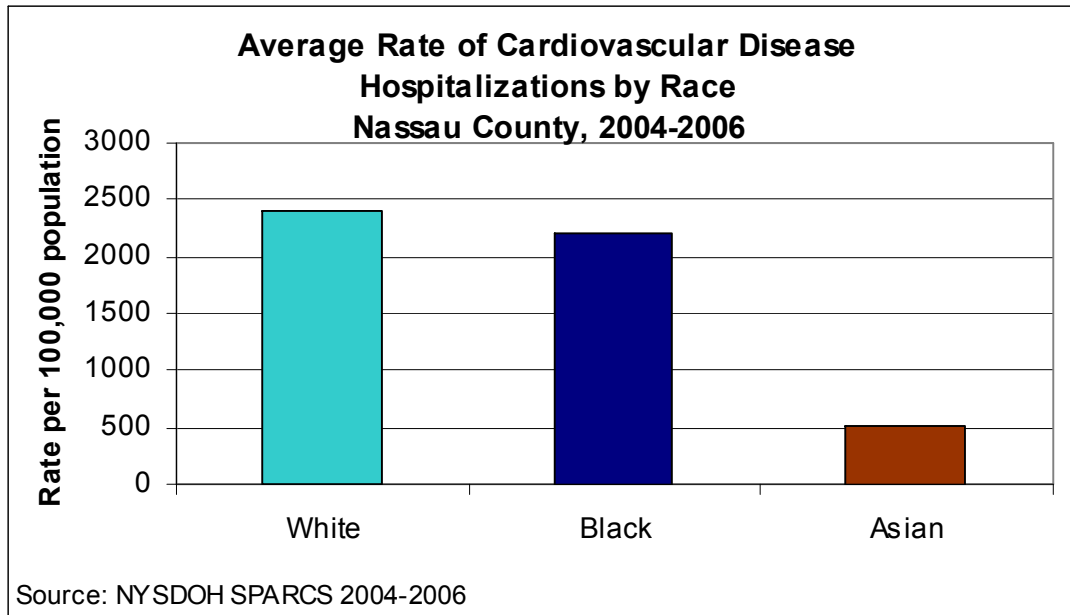
² AHRQ Healthcare Cost and Utilization Project <http://hcupnet.ahrq.gov/>



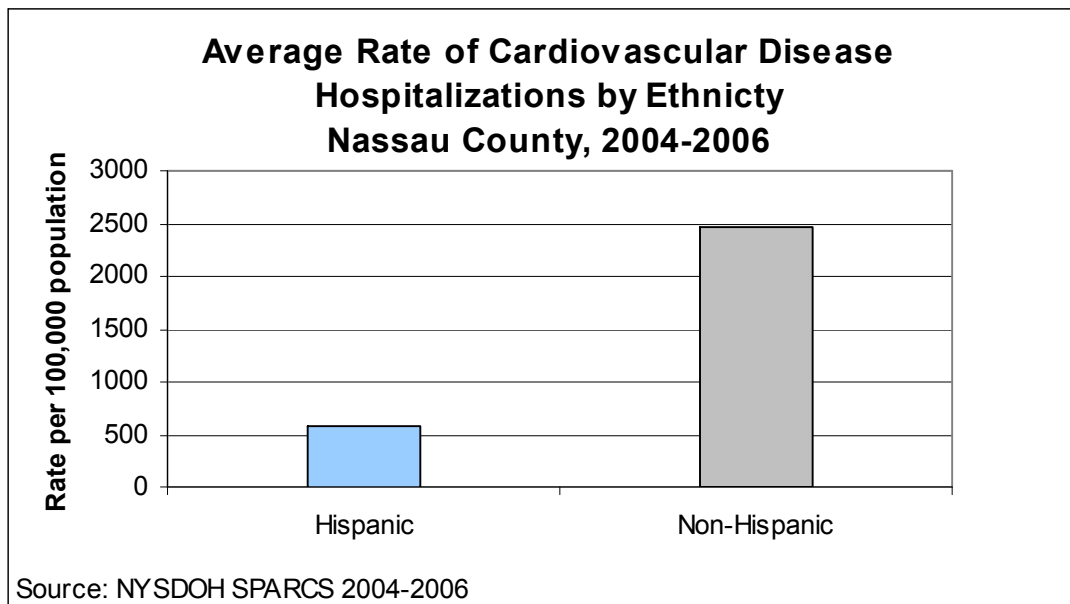
- Contrary to cardiovascular disease mortality, males are hospitalized more often than females for cardiovascular disease. This holds true for both NC and NYS.



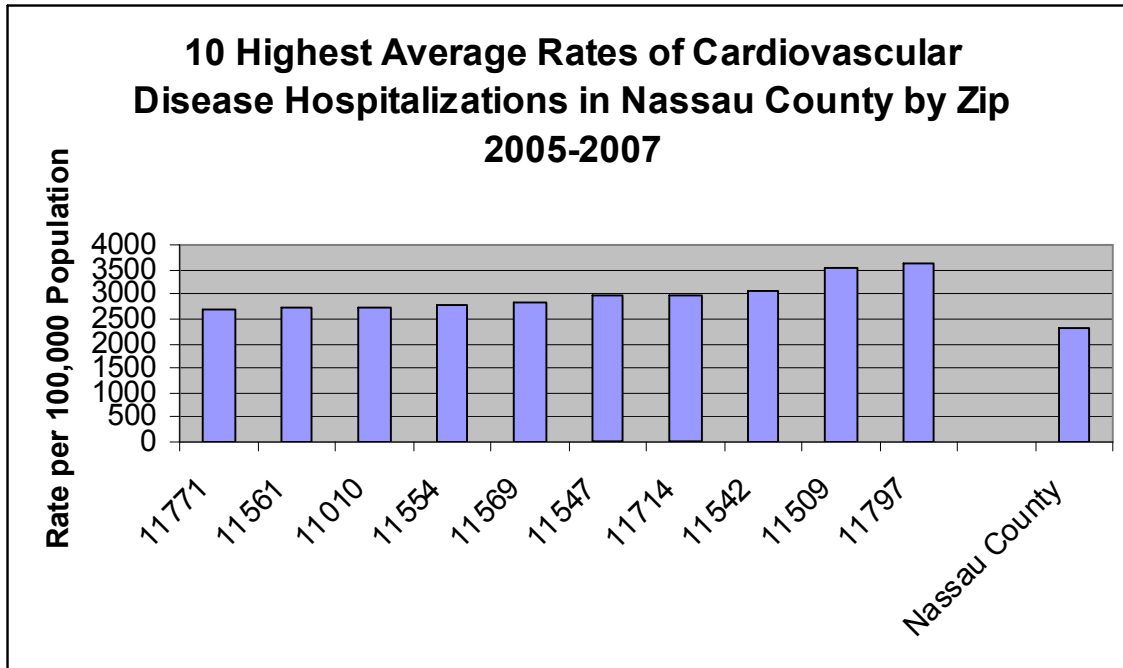
- Generally, in NC, the rate of cardiovascular disease hospitalizations increases with age.



- In NC, rates of cardiovascular disease hospitalizations are slightly greater among whites compared to blacks, unlike cardiovascular disease mortality where rates for whites were far greater than for blacks.
- Whites and blacks have cardiovascular hospitalization rates more than 3 times greater than Asians in NC.



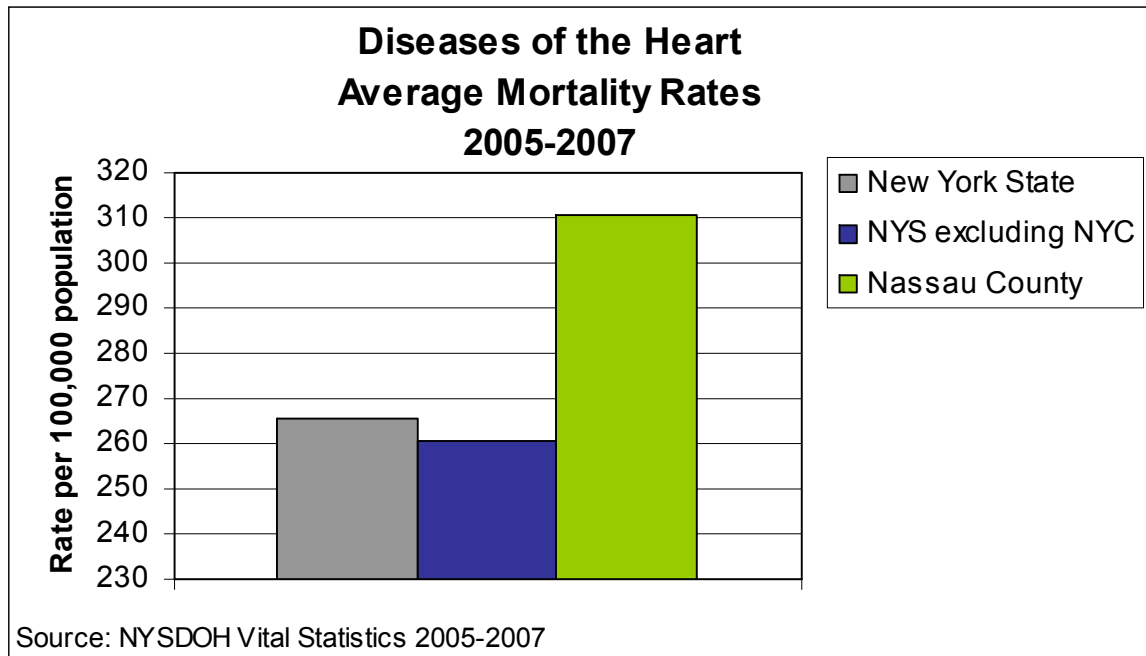
- Similar to cardiovascular mortality rates, the rate of cardiovascular disease hospitalizations is 4 times greater among non-Hispanics compared to Hispanics in NC.



- Woodbury (11797) has the highest rates of cardiovascular disease hospitalizations in NC.
- Of the 10 communities with the highest rates of cardiovascular disease hospitalizations in NC, 7 are the same communities with the highest cardiovascular disease mortality rates.

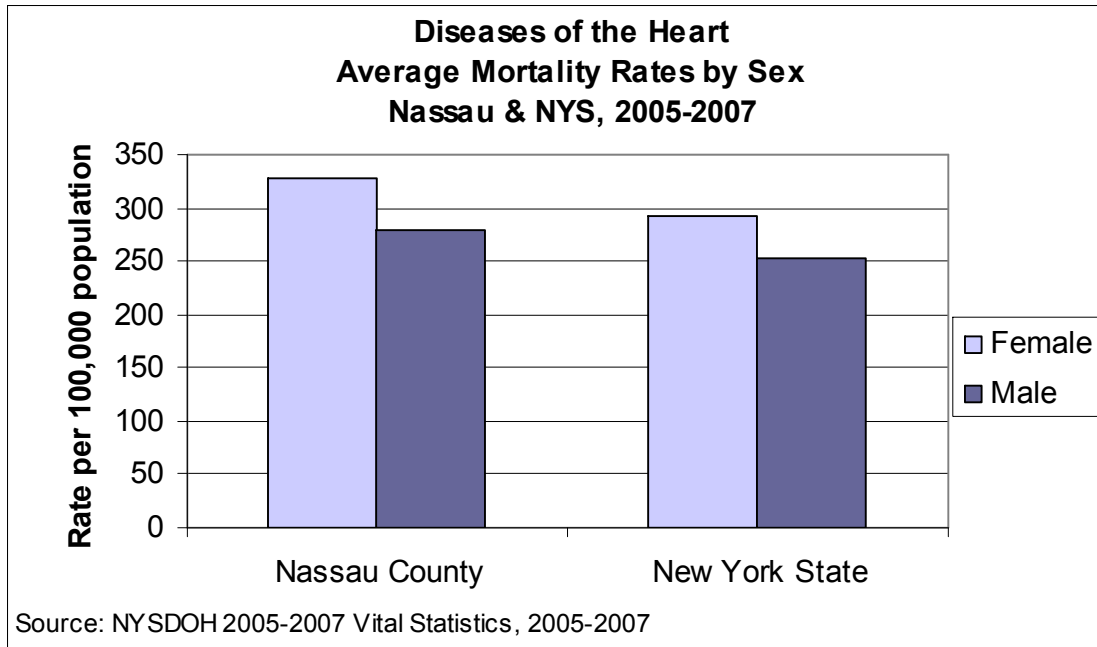
Diseases of the Heart Mortality

Mortality due to: acute myocardial infarction, chronic rheumatic fever, hypertension with heart disease, other diseases of the heart, other ischemic heart disease and/or pulmonary circulation disease.

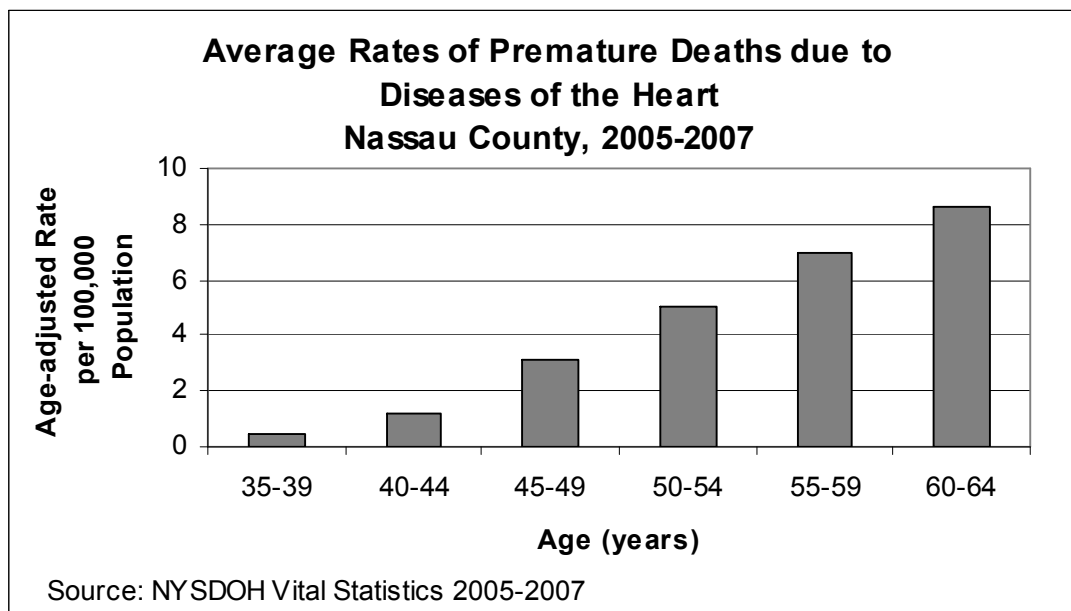


- NC's mortality rate due to diseases of the heart is significantly greater than both NYS and NYS excluding NYC.
- The latest national rate of mortality due to diseases of the heart is 217.7 per 100,000 (2004-2006), lower than NC (310.4), NYS (265.4) and NYS excluding NYC (260.6) for the years 2005-2007.³

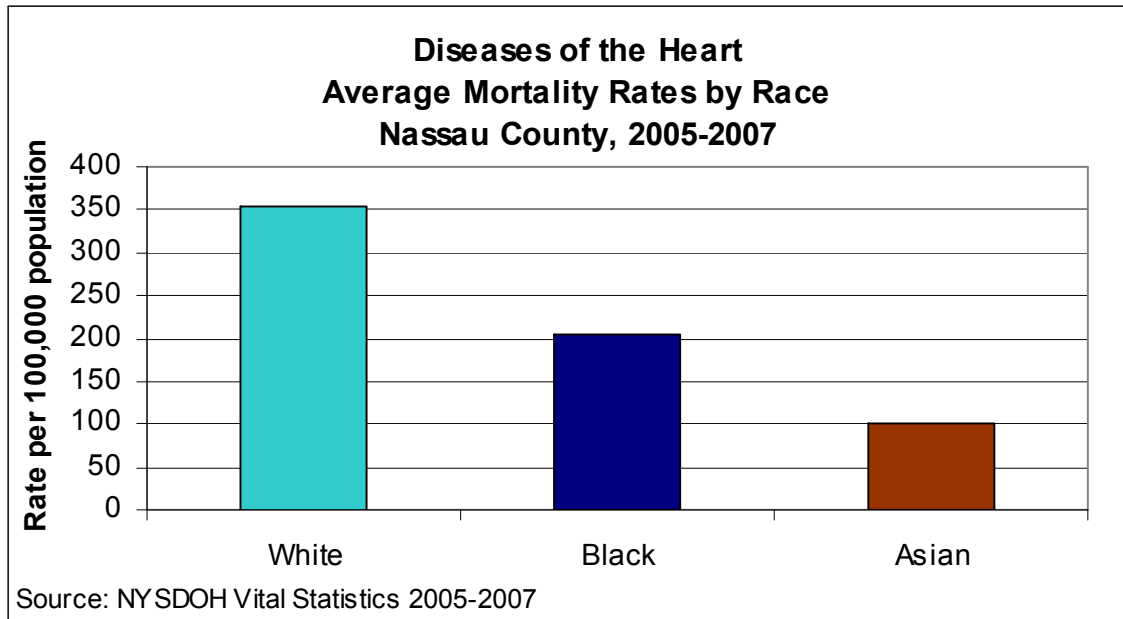
³ CDC Wonder <http://wonder.cdc.gov/>



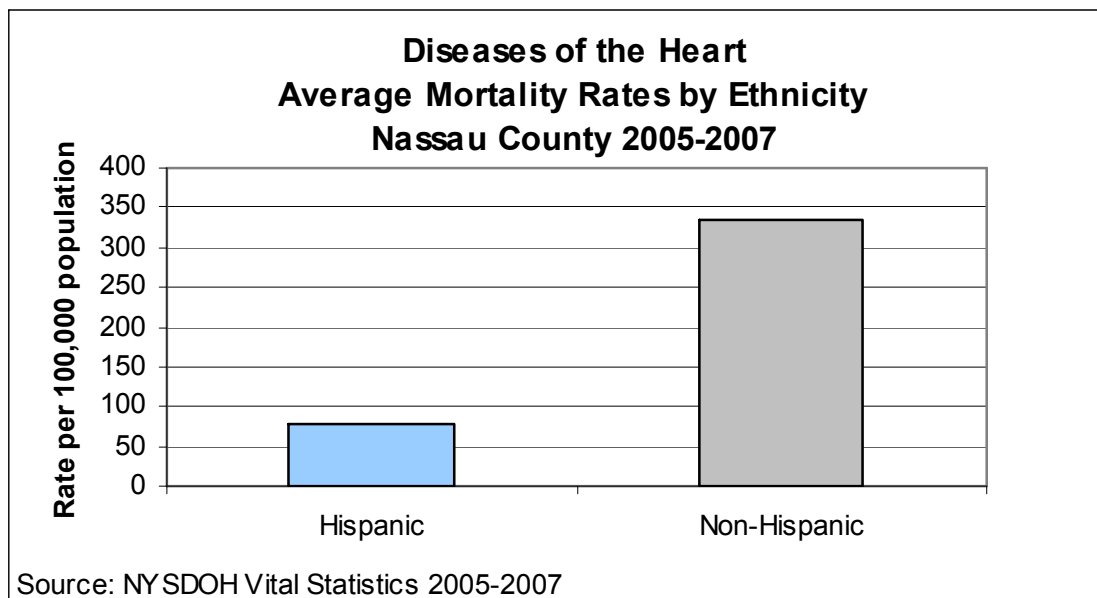
- Mortality rates due to diseases of the heart follow the same trend as cardiovascular disease mortality in NC and NYS; the rate is higher in females compared to males.



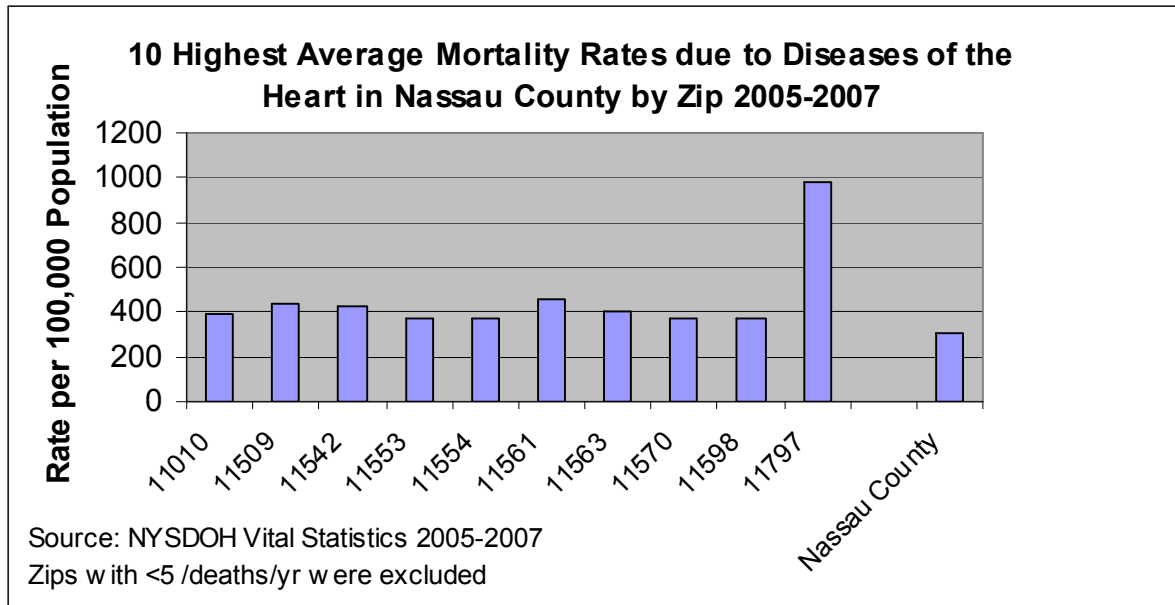
- In NC, the rate of premature death due to diseases of the heart increases with age.



- In NC, mortality rates due to diseases of the heart are highest among whites, 75% higher than blacks and 3.5 times higher than Asians.



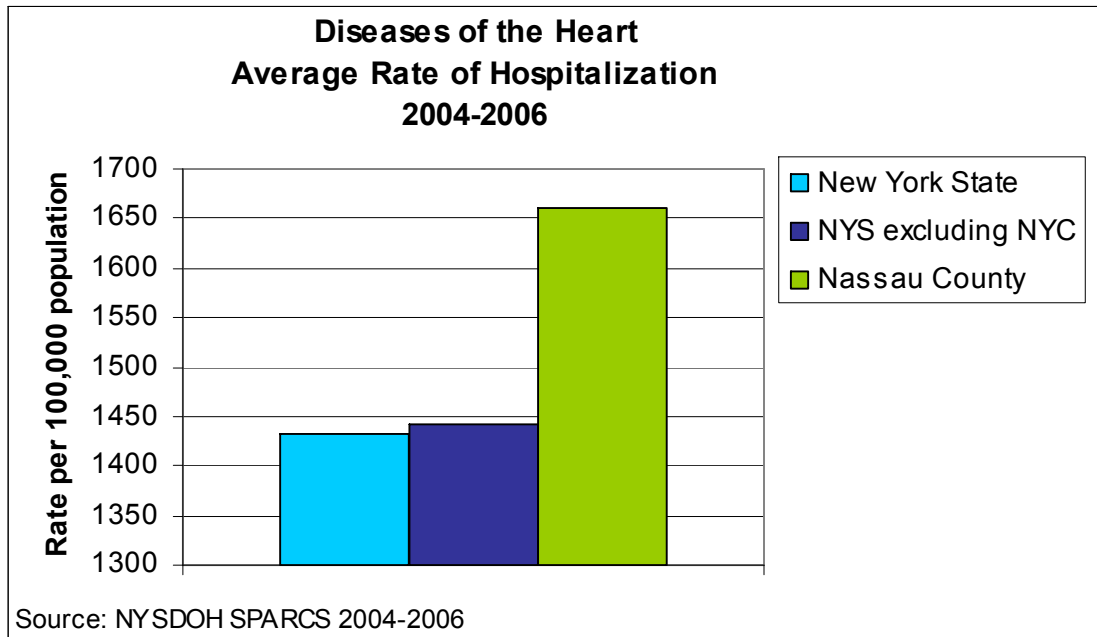
- Mortality rates are 3.5 times higher in non-Hispanics as compared to Hispanics in NC.



- Woodbury (11797) has the highest mortality rate due to diseases of the heart in NC.

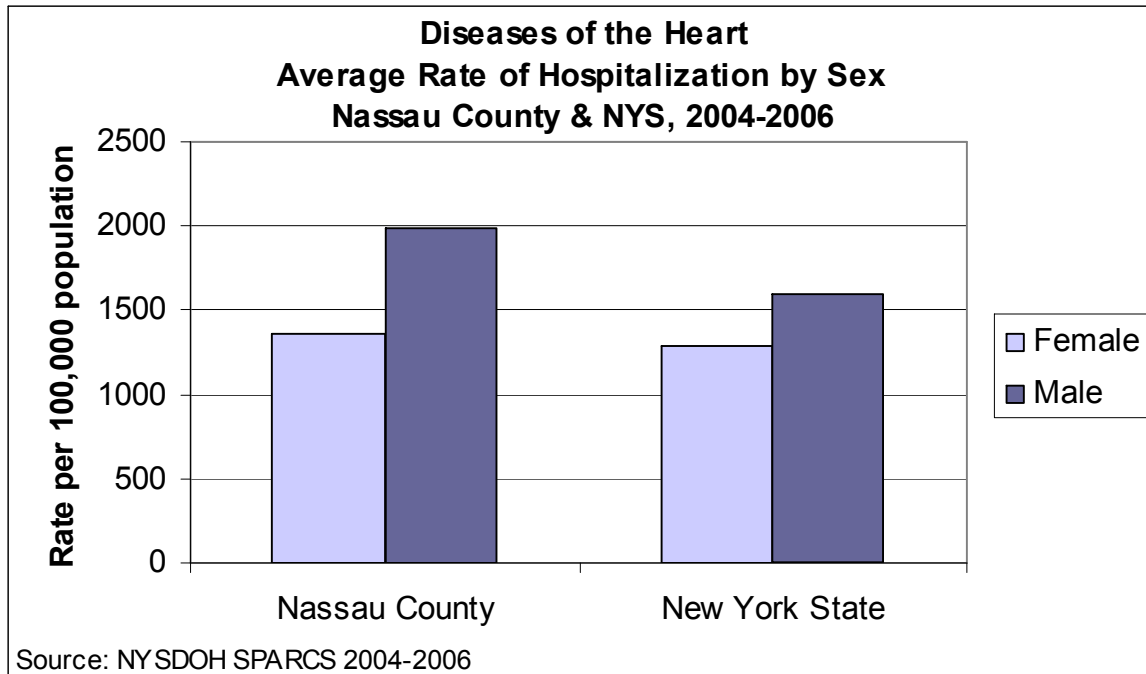
Diseases of the Heart Hospitalizations

Hospitalizations due to: acute myocardial infarction, chronic rheumatic fever, hypertension with heart disease, other diseases of the heart, other ischemic heart disease and/or pulmonary circulation disease.

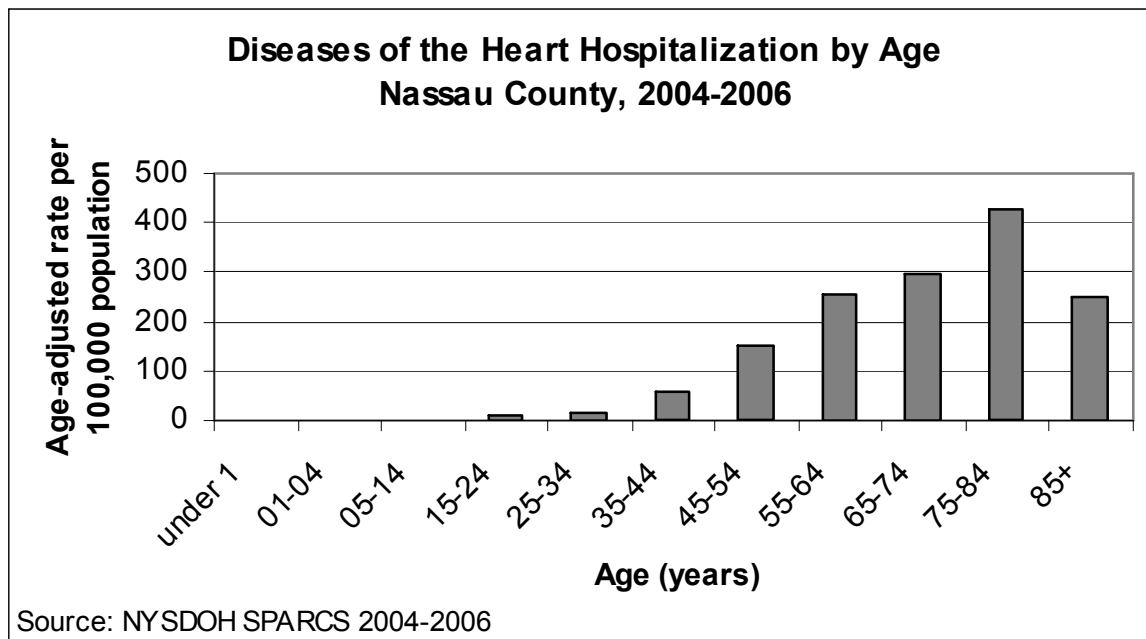


- The rate of hospitalizations due to diseases of the heart is significantly greater in NC compared to NYS and NYS excluding NYC.
- The latest national rate of hospitalizations due to diseases of the heart is 1489.13 per 100,000 (2004-2006), lower than the rate for NC (1660.8) but similar to NYS (1433.2) and NYS excluding NYC (1443.3).⁴

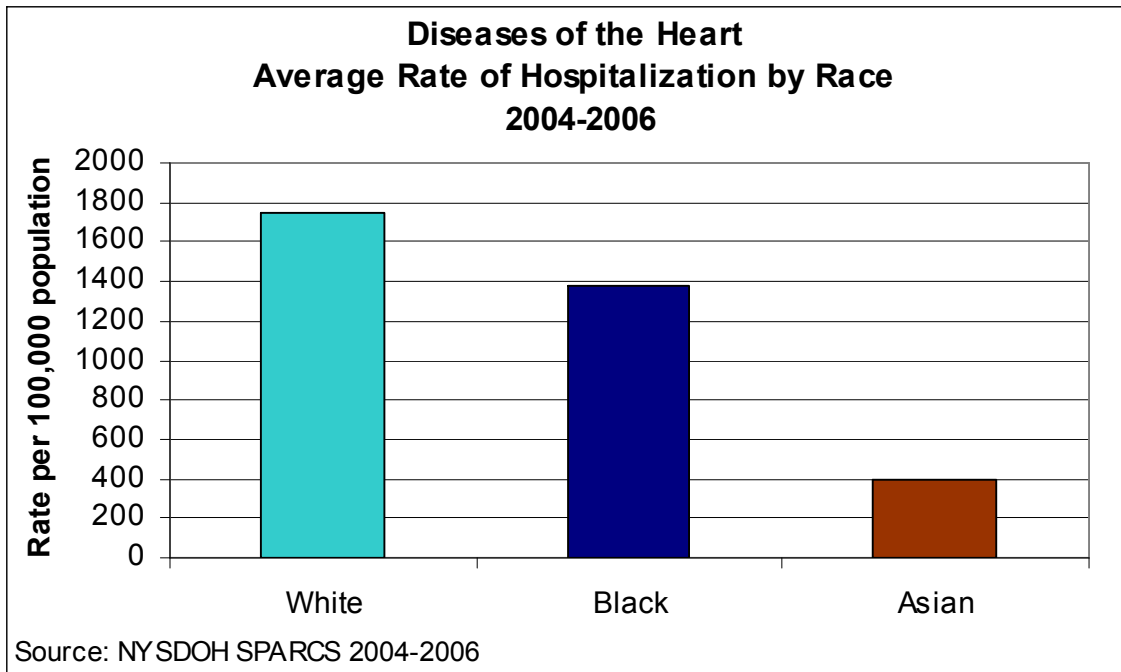
⁴ AHRQ Healthcare Cost and Utilization Project <http://hcupnet.ahrq.gov/>



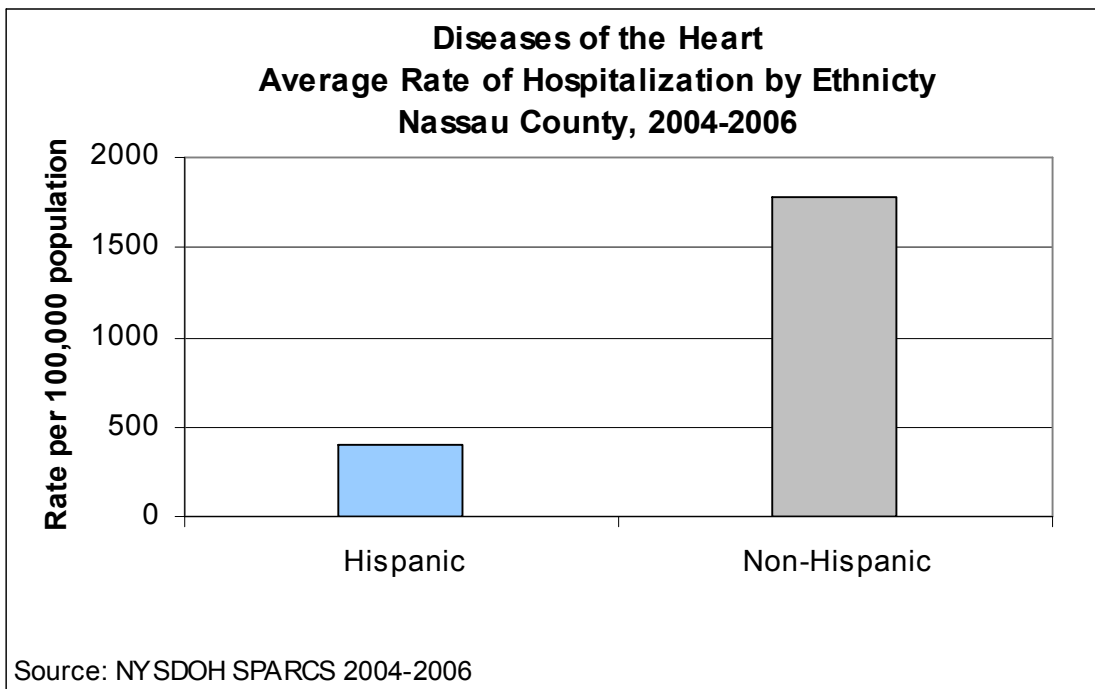
- Similar to cardiovascular disease hospitalization rates, diseases of the heart hospitalizations are greater for males compared to females in NC and NYS.



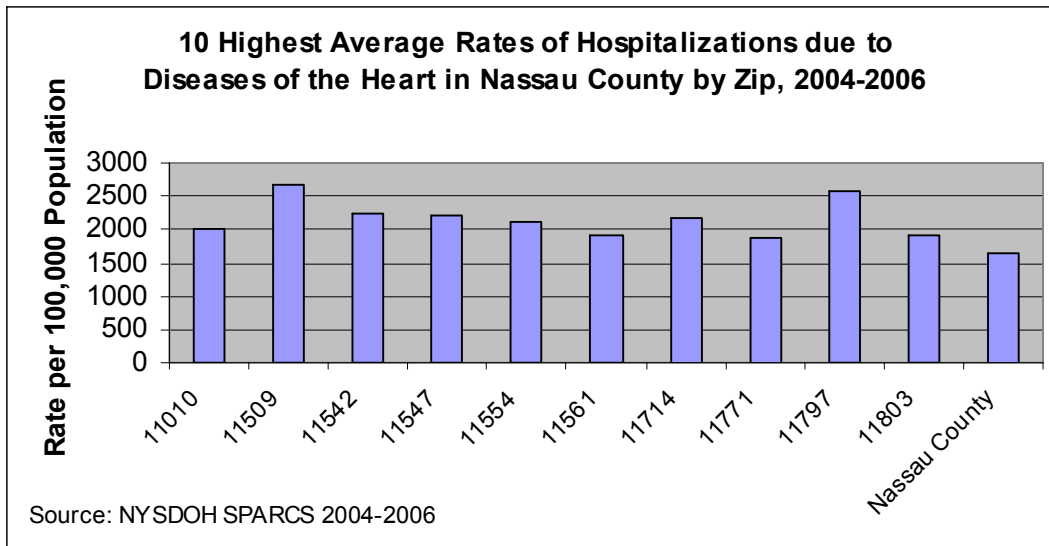
- Overall, the rate of hospitalizations due to diseases of the heart increases with age in NC. However, there is a decrease in the 85+ age group.



- Whites have higher hospitalization rates for diseases of the heart compared to blacks and Asians in NC.
- Whites and blacks have 3 to 4 times higher rates of hospitalizations due to diseases of the heart compared to Asians in NC.

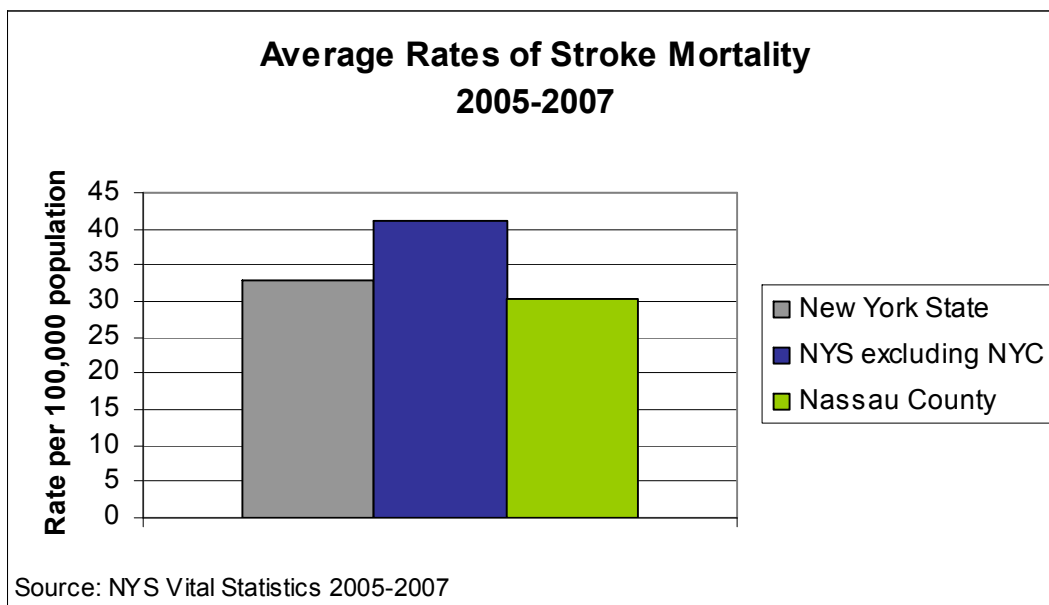


- Consistent with diseases of the heart mortality, the rate for non-Hispanic hospitalizations due to diseases of the heart is higher than for Hispanics (nearly 4.5 times higher) in NC.



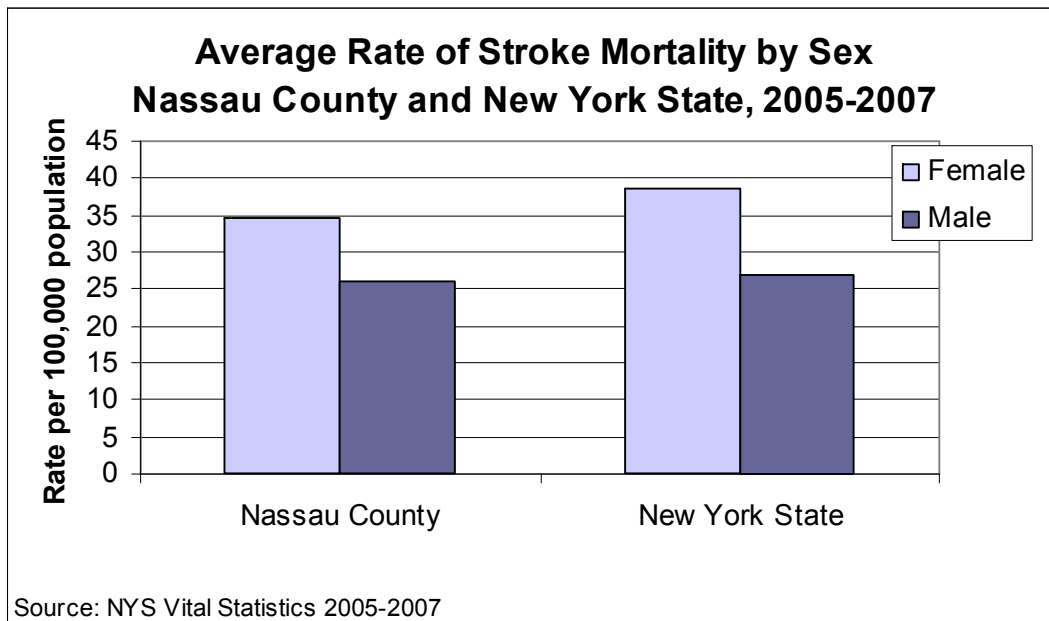
- Woodbury (11797) and Atlantic Beach (11509) have the highest rate of hospitalization due to diseases of the heart in NC.

Stroke Mortality

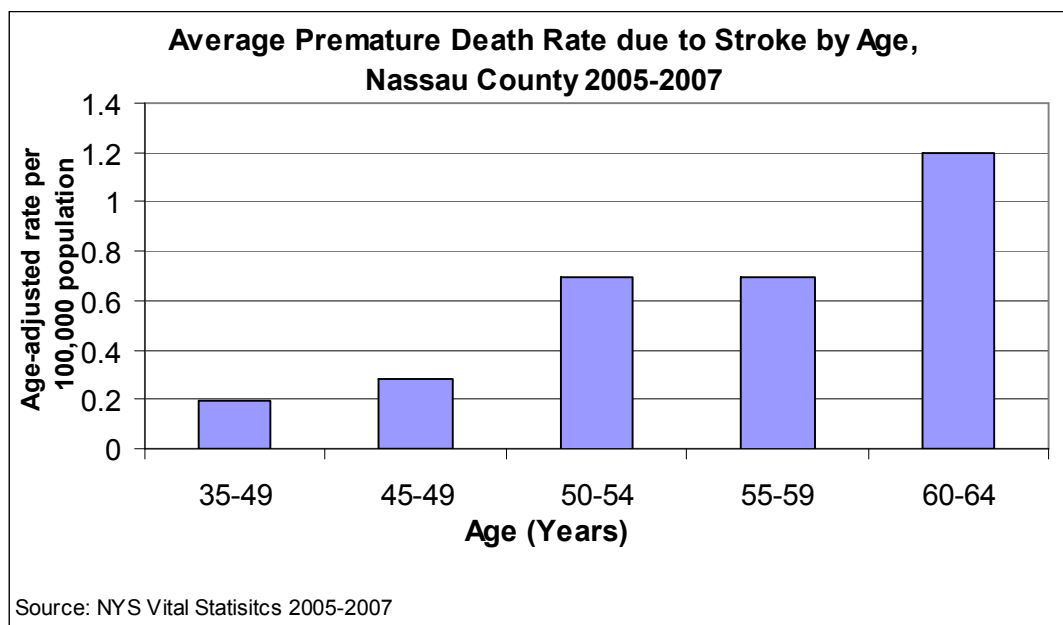


- The NC rate for mortality due to stroke is not significantly different from NYS. However, the rate for mortality due to stroke in NYS excluding NYC is significantly higher than NC.
- The latest national stroke mortality rate is 48.4 per 100,000 (2004-2006), substantially higher than NC (30.4), NYS (32.9) and NYS excluding NYC (41.2) for the years 2005-2007.⁵

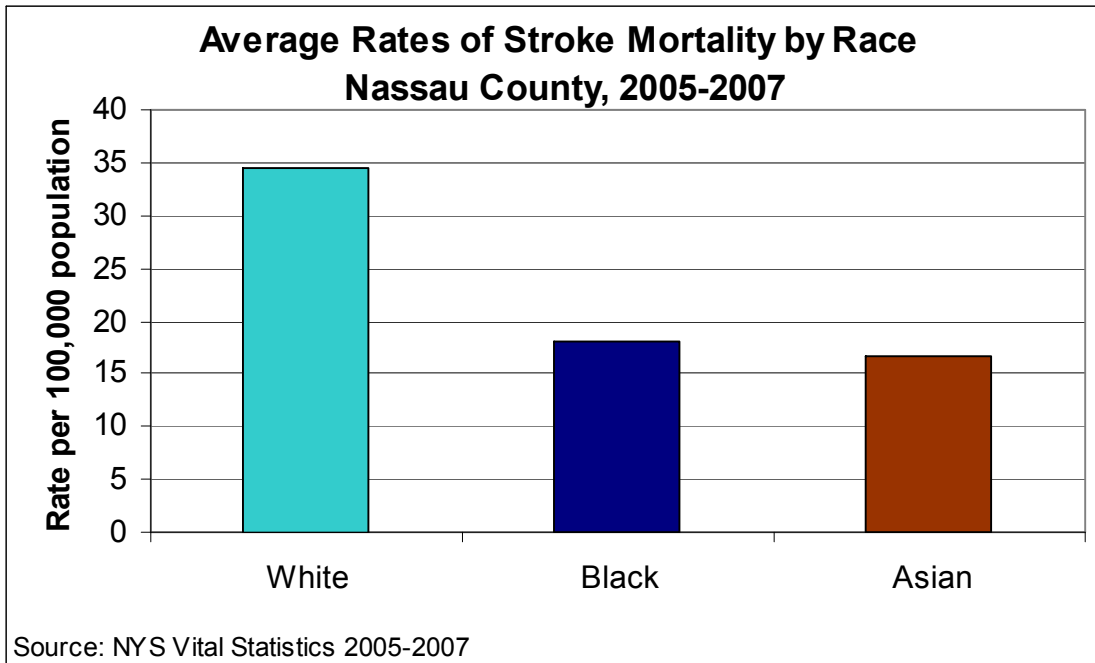
⁵ CDC Wonder <http://wonder.cdc.gov/>



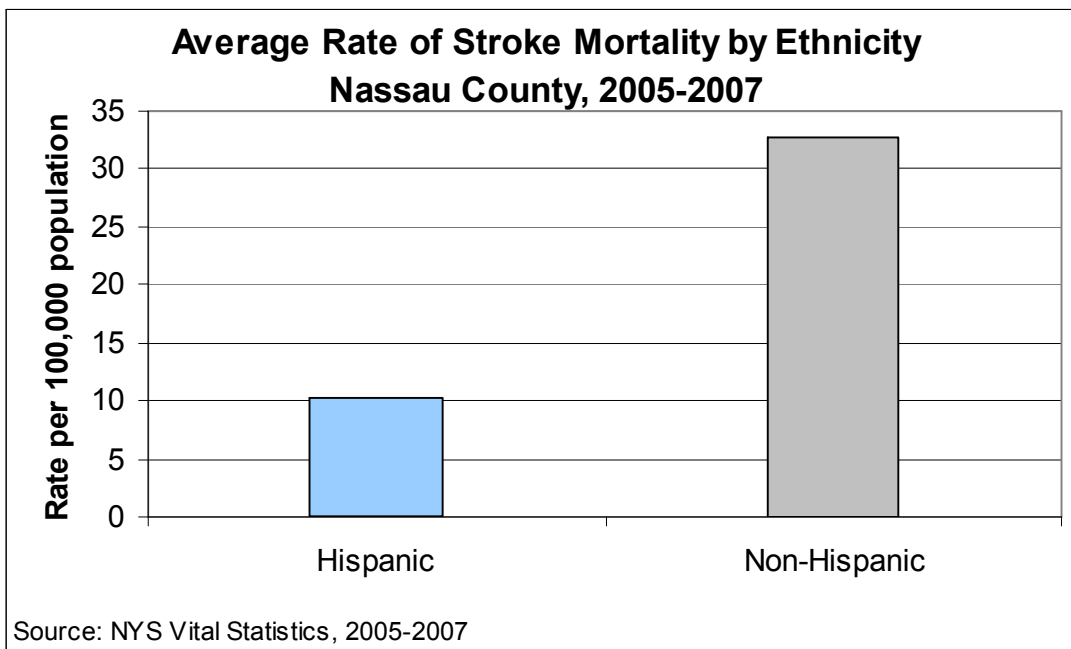
- Females in NC and NYS have a higher mortality rate due to stroke than males.



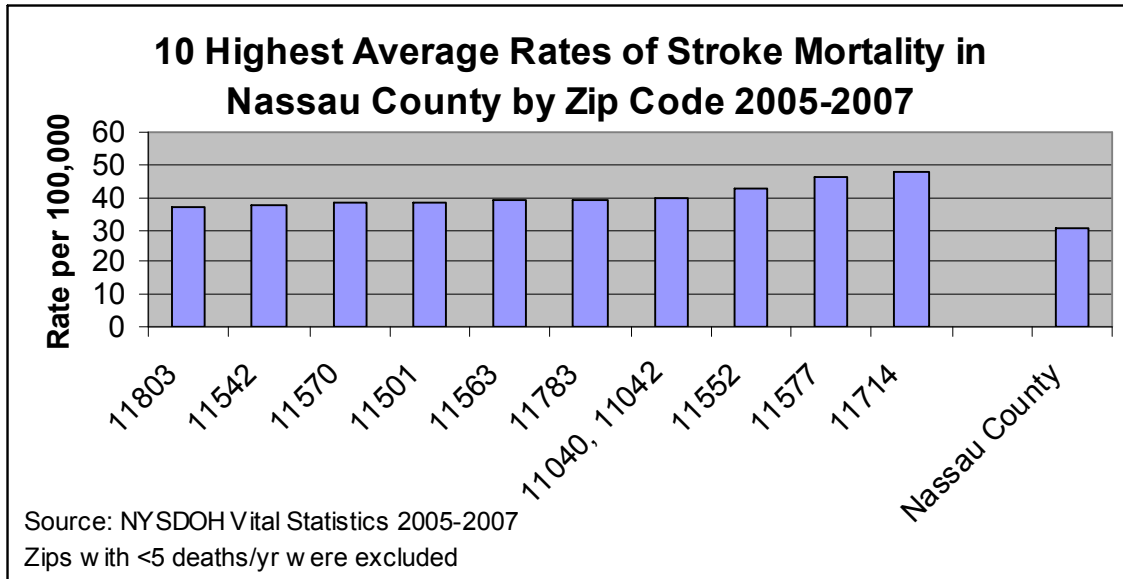
- Premature deaths due to stroke increase with age, with a substantial increase between those 45-49 and 50-54 in NC.



- The stroke mortality rate in whites is approximately twice the rate in blacks and Asians in NC.

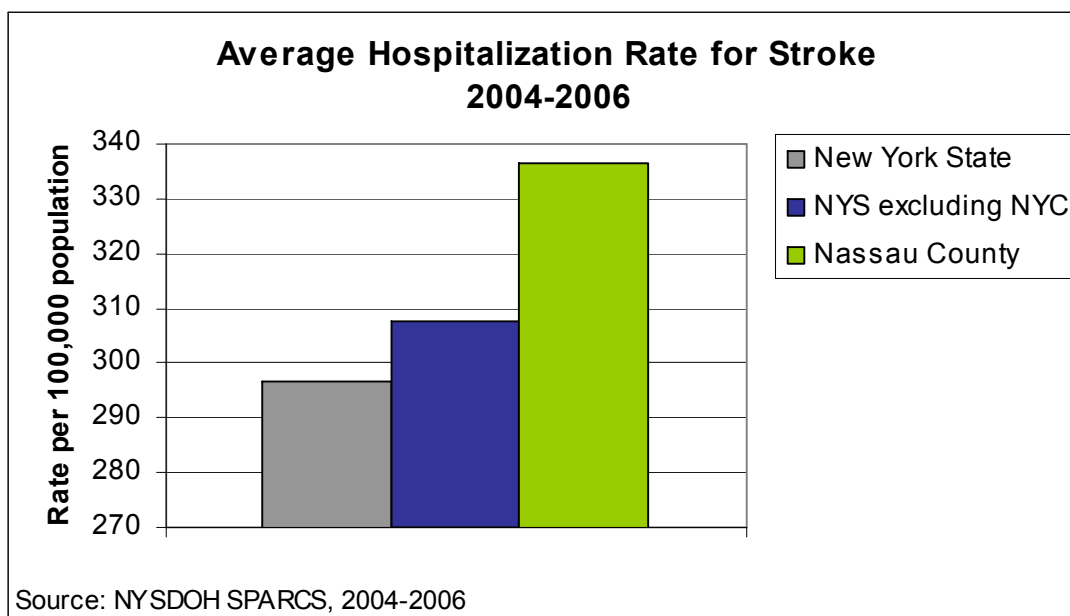


- Non-Hispanics die from stroke over three times the rate of Hispanics in NC.



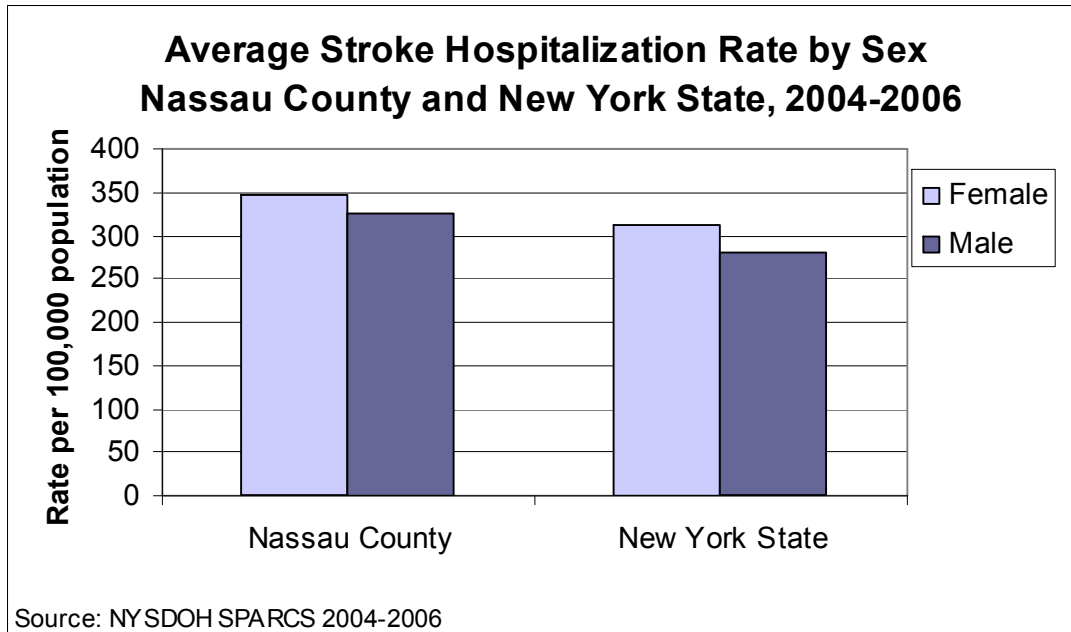
- Bethpage (11714) has the highest rate of stroke mortality in NC.

Stroke Hospitalizations

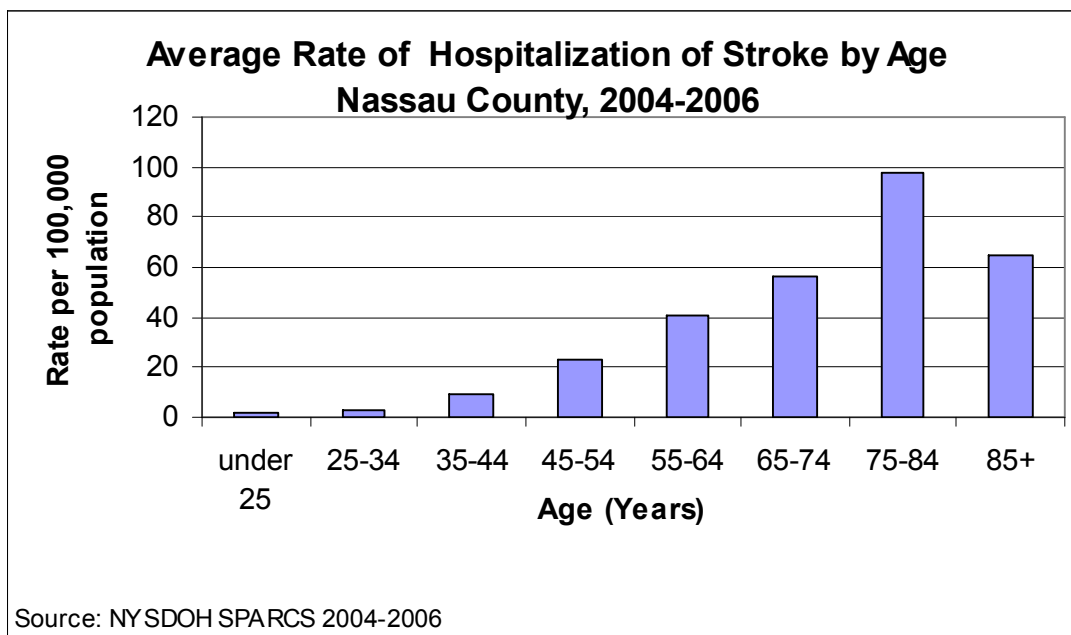


- Hospitalization rates are significantly higher in NC for stroke compared to both NYS and NYS excluding NYC.
- The latest national stroke hospitalization rate is 326.0 per 100,000 (2004-2006), lower than NC (336.4), but higher than NYS (296.7) and NYS excluding NYC (307.7).⁶

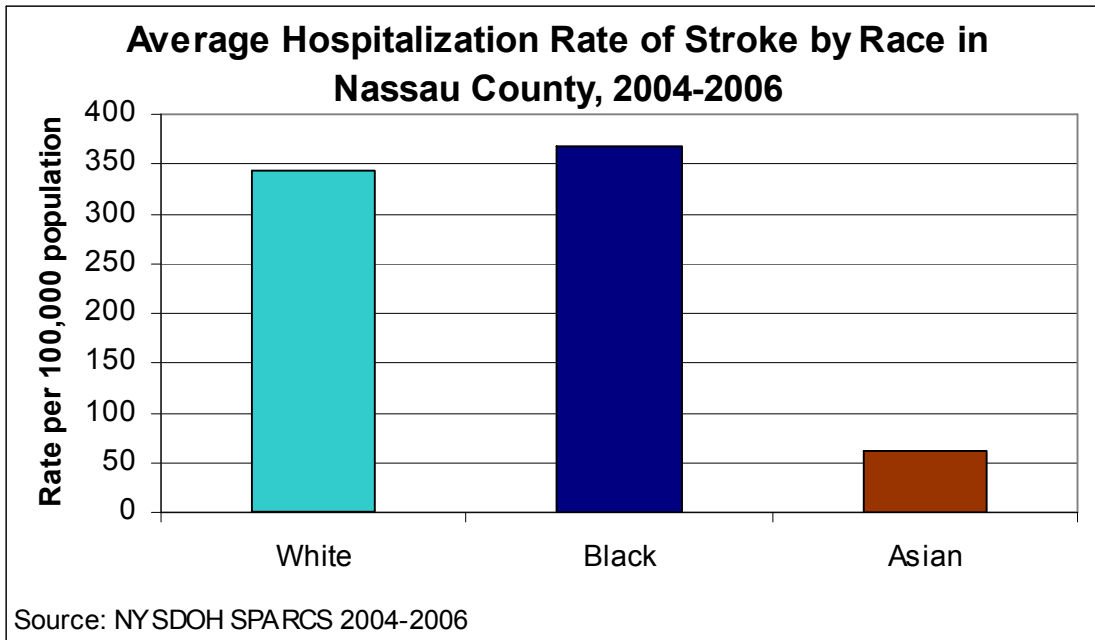
⁶ AHRQ Healthcare Cost and Utilization Project <http://hcupnet.ahrq.gov/>



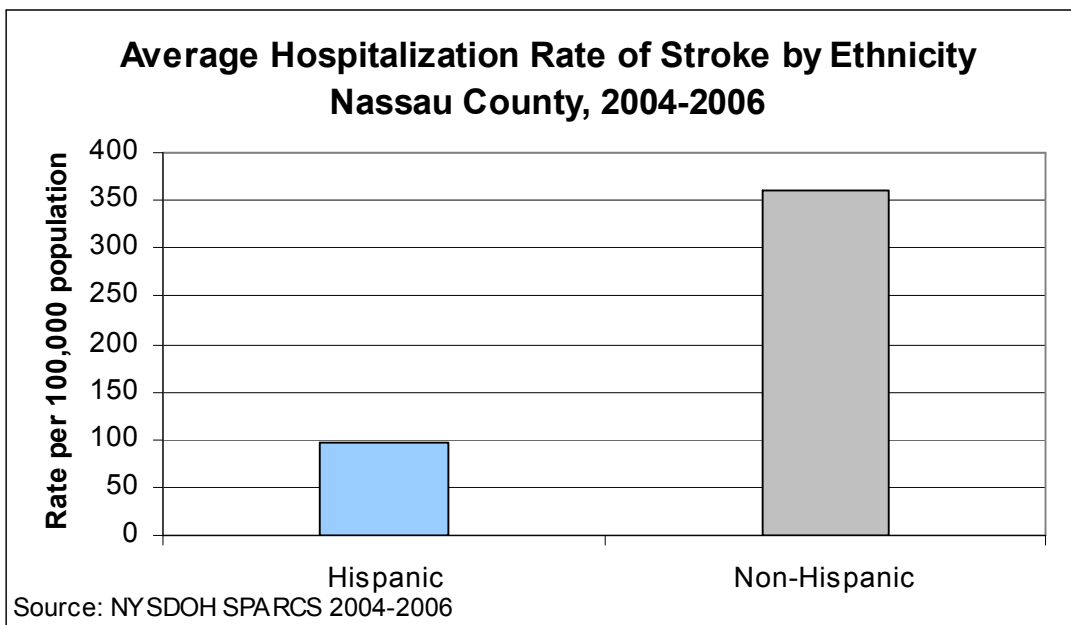
- Although hospitalization rates for stroke are higher in females than males in both NC and NYS, this rate difference is minimal.



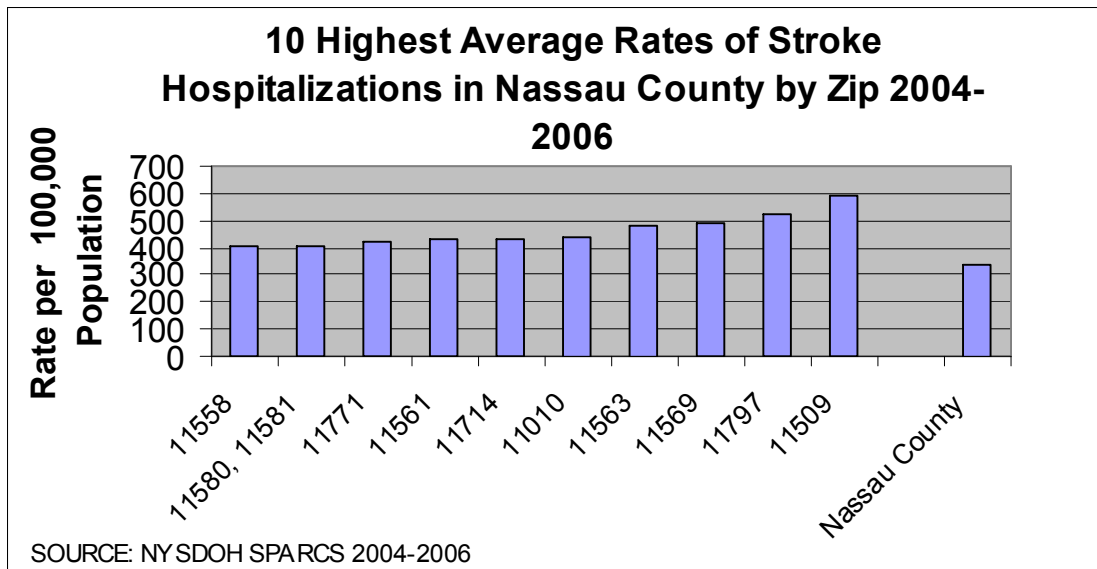
- As would be expected, hospitalization rates for stroke increase with age until age 85 and above in NC.



- Blacks are hospitalized due to stroke slightly more than whites in NC, though their mortality is less than whites.
- The stroke hospitalization rate for Asians is nearly seven times less than that of whites and blacks in NC.

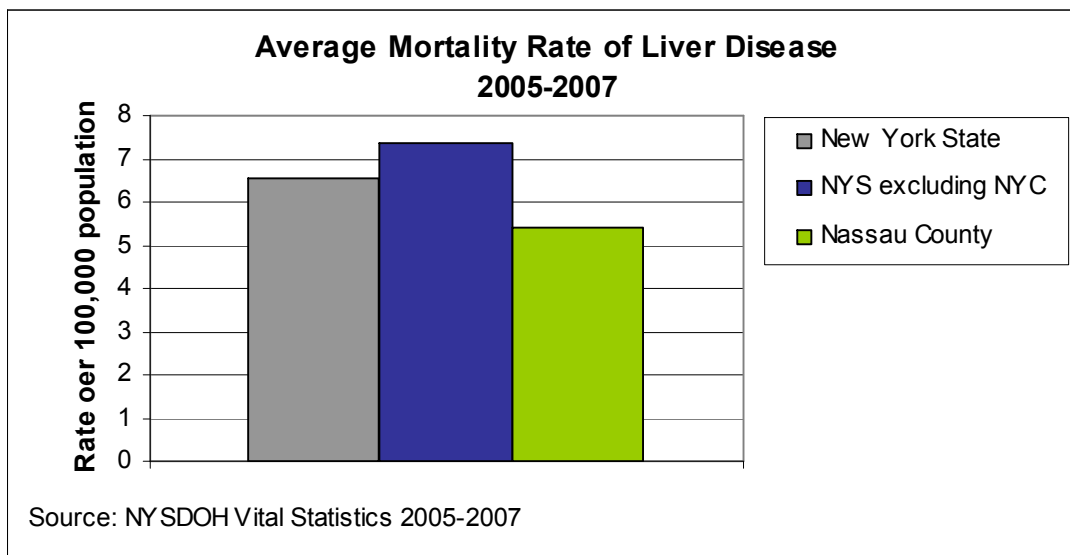


- Similar to the hospitalization rates of cardiovascular disease and diseases of the heart, the stroke hospitalization rate is higher in non-Hispanics compared to Hispanics (nearly four times) in NC.



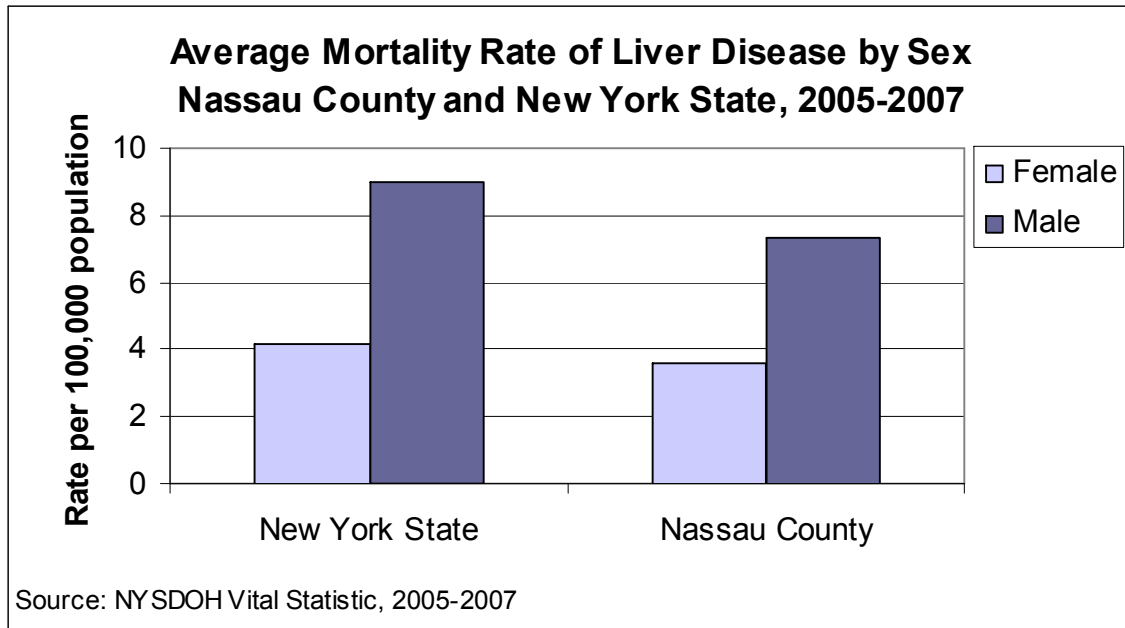
- Atlantic Beach (11509) has the highest rate of stroke hospitalization in Nassau; almost double that of NC as a whole.

Liver Mortality

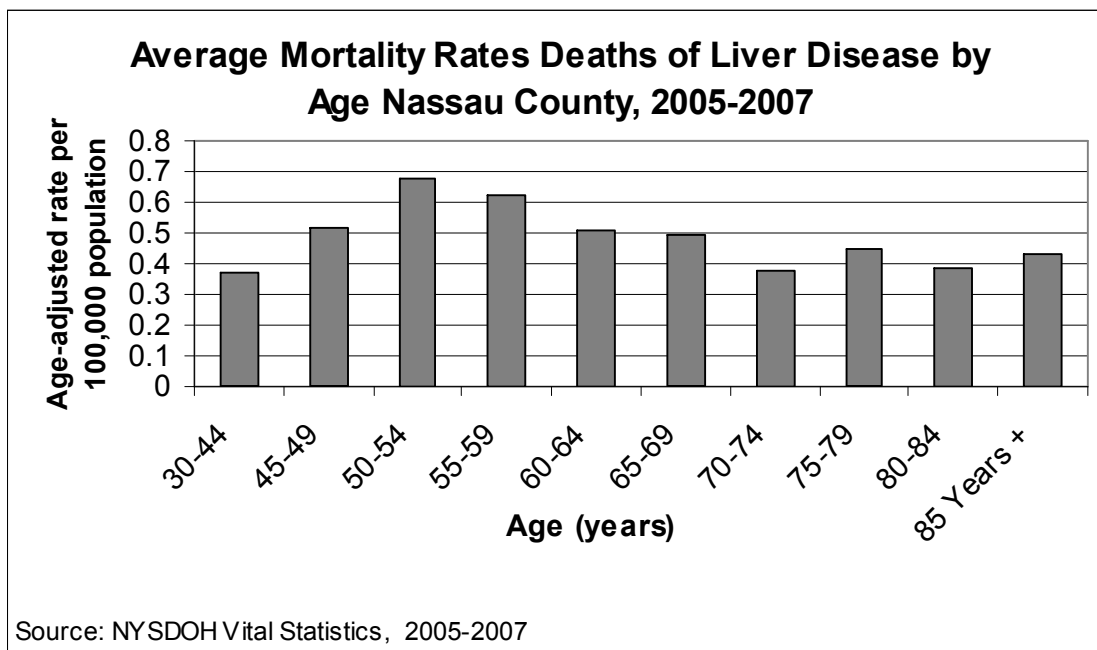


- Liver disease mortality rate is not significantly different between NC and NYS or NYS excluding NYC.
- The latest national liver disease mortality rate is 9.2 per 100,000 (2004-2006), higher than NC (5.4), NYS (6.5), and NYS excluding NYC (7.3) for the years 2005-2007.⁷

⁷ CDC Wonder <http://wonder.cdc.gov/>

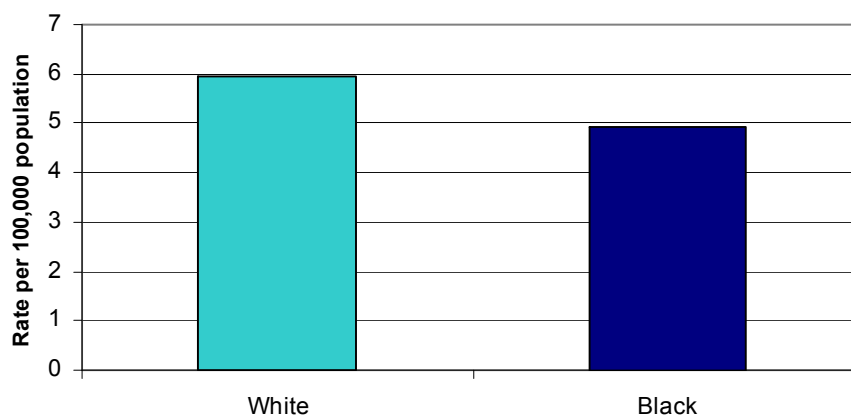


- The liver disease mortality rate for males is greater than females for both NYS and NC.
- The rate of death due to liver disease in males is about twice that for females in NC and NYS.



- The age adjusted mortality rates due to liver disease peak between 50-54 years old in NC.

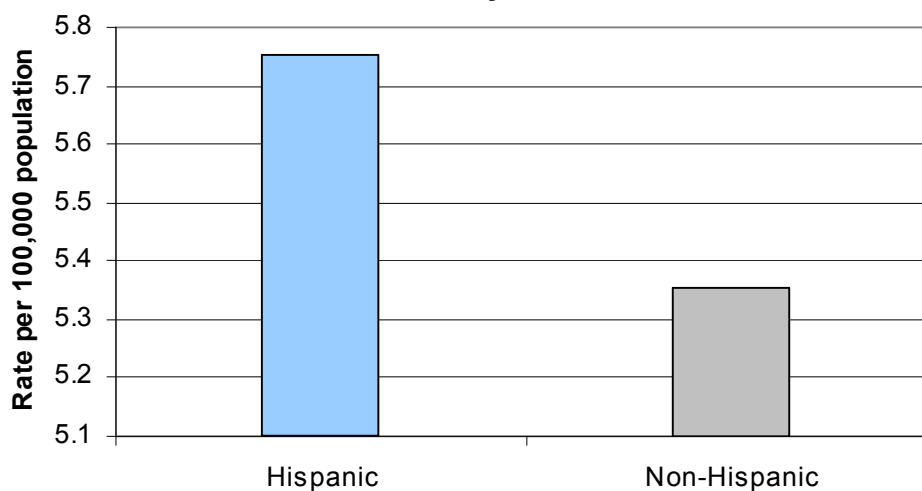
**Average Mortality Rate of Liver Disease by Race
Nassau County, 2005-2007**



Source: NYSDOH Vital Statistics, 2005-2007

- The mortality rates due to liver disease for whites are greater than blacks.
- Counts of liver disease deaths for the Asian population were too few to report a stable rate.

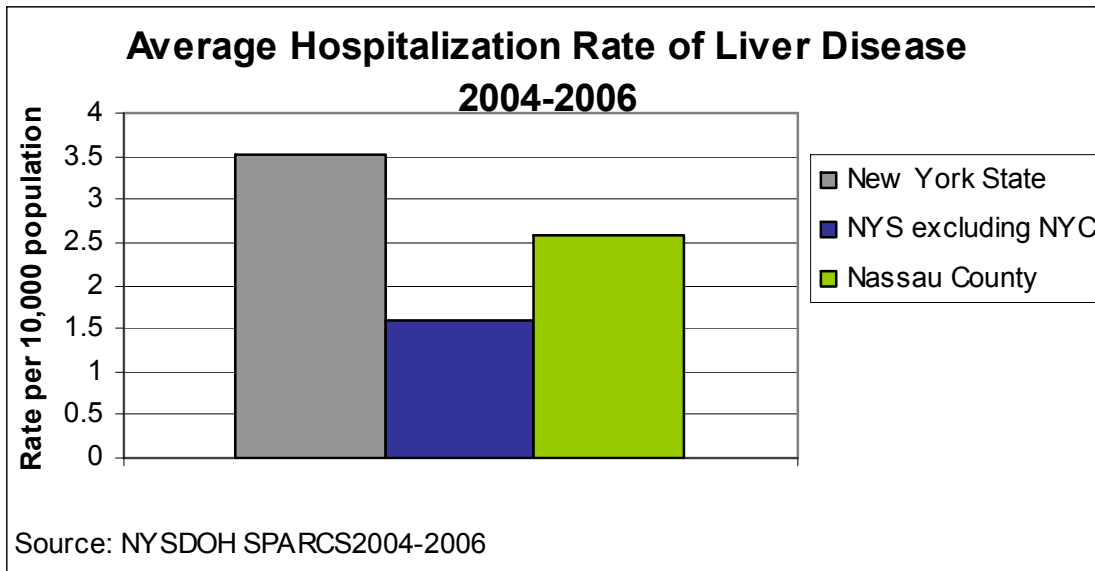
**Average Mortality Rate of Liver Disease by Ethnicity
Nassau County, 2005-2007**



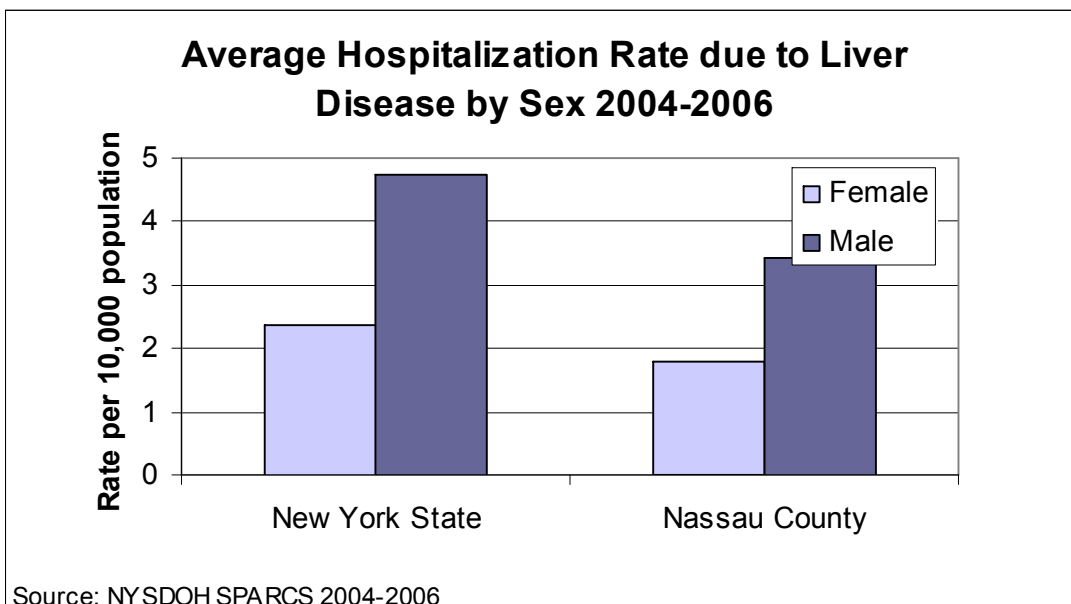
Source: NYSDOH Vital Statistics, 2005-2007

- In NC, Hispanics have a slightly higher mortality rate from liver disease compared to non-Hispanics, though the overall range is narrow.

Liver Hospitalizations

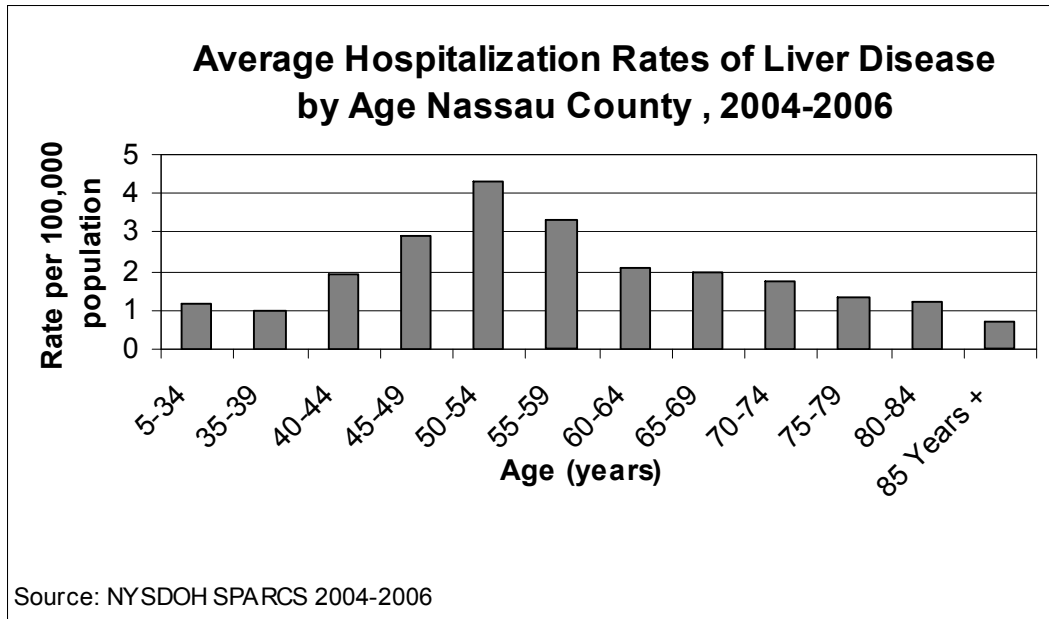


- NC is significantly different than NYS and NYS excluding NYC in its average hospitalization rate of liver disease.
- The latest national rate of liver disease hospitalizations is 3.94 per 100,000 (2004-2006), higher than NC (2.6), NYS (3.5) and NYS excluding NYC (1.6).⁸

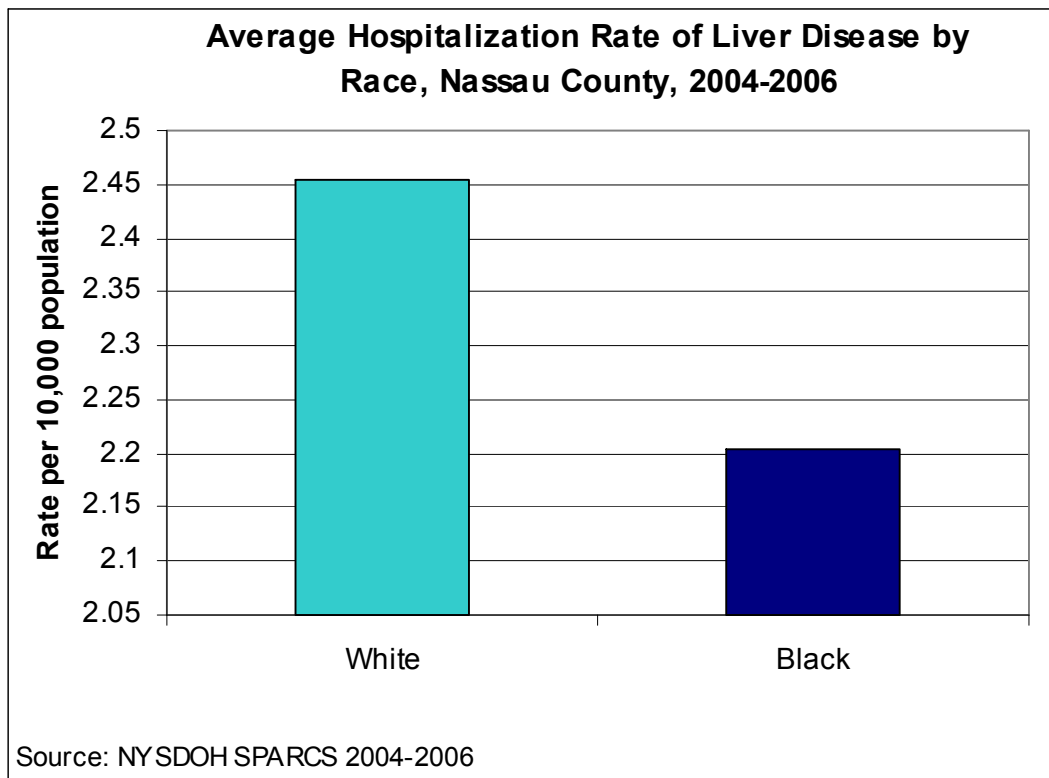


- In NC and NYS, male rates of hospitalization from liver disease are greater than female rates, yet the range is narrow.

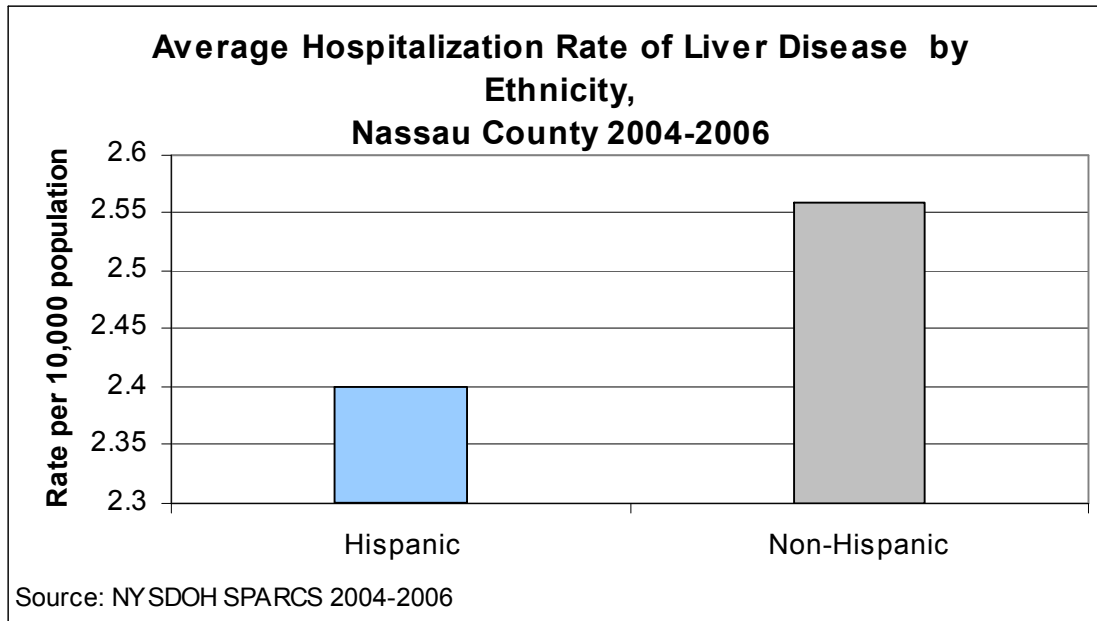
⁸ AHRQ Healthcare Cost and Utilization Project <http://hcupnet.ahrq.gov/>



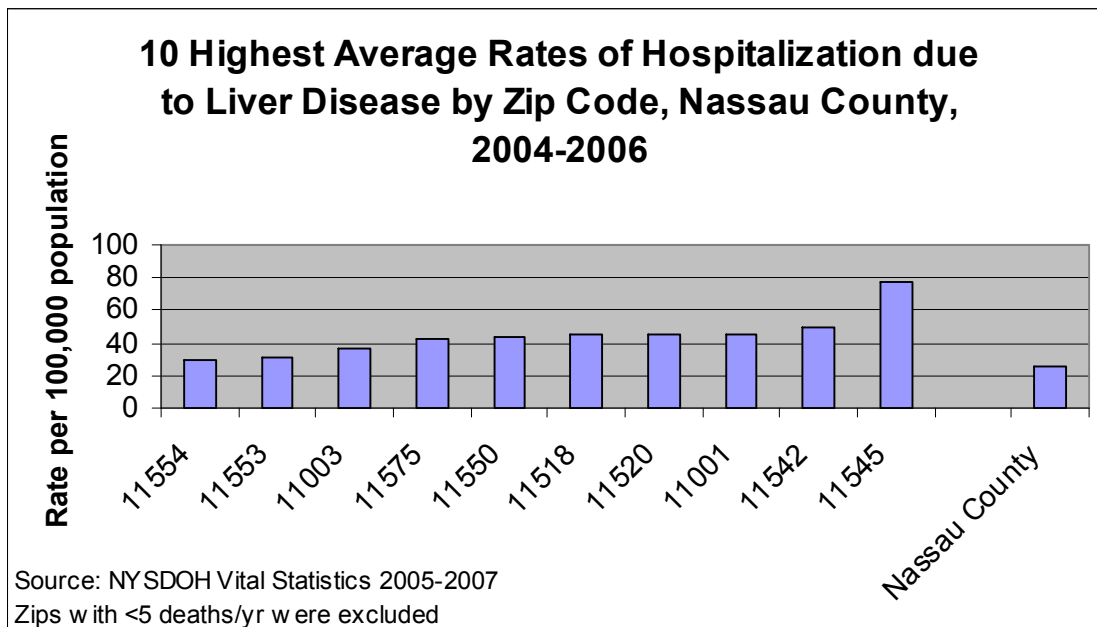
- Hospitalization rates due to liver disease peak in the 50-54 age-group in NC.



- In NC, whites have a higher rate of liver disease hospitalization. The difference in magnitude (range) is narrow.
- In NC, liver disease hospitalization frequency data for the Asian population is too small to create stable rates and are not included.

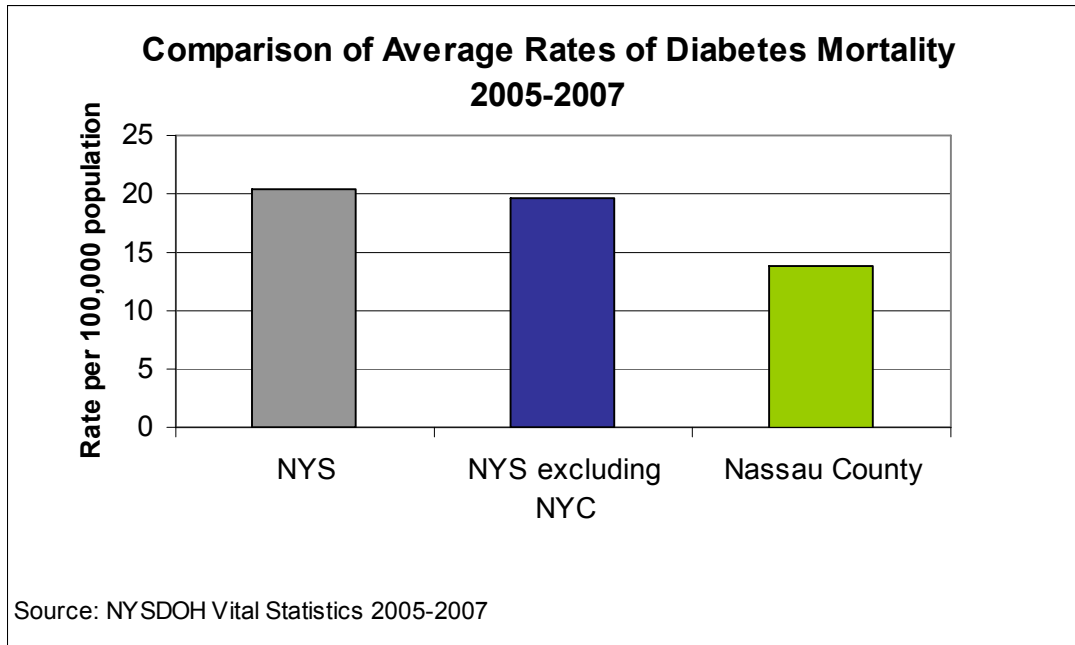


- Non-Hispanic rates exceed Hispanic rates of hospitalization, but again the overall range is narrow in NC.

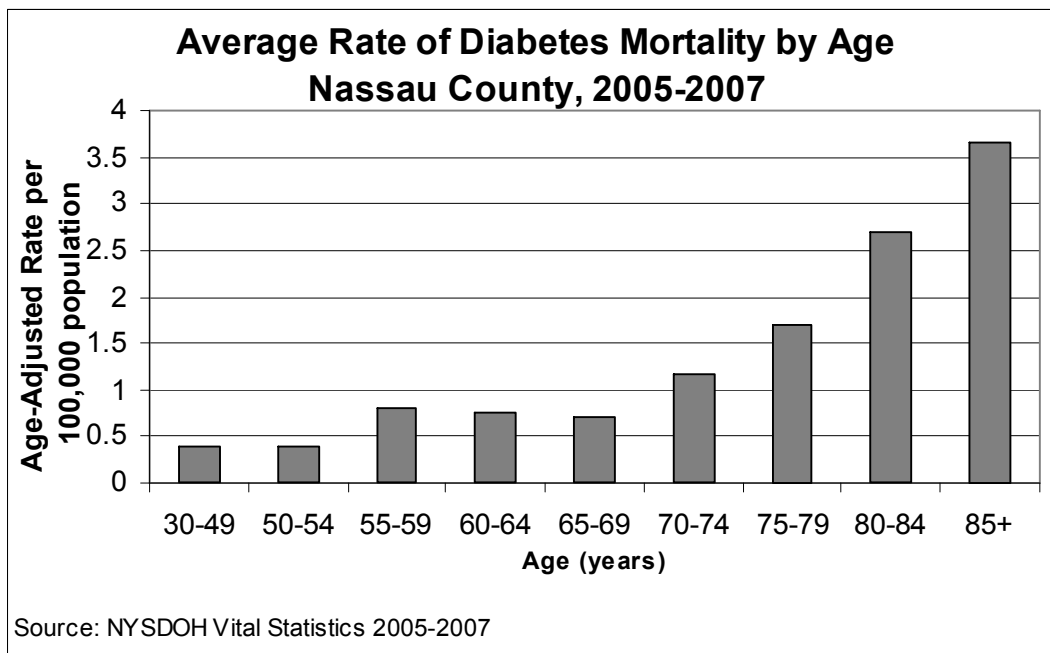


- Glen Head has the highest rate of hospitalization due to liver disease in NC.

Diabetes Mortality

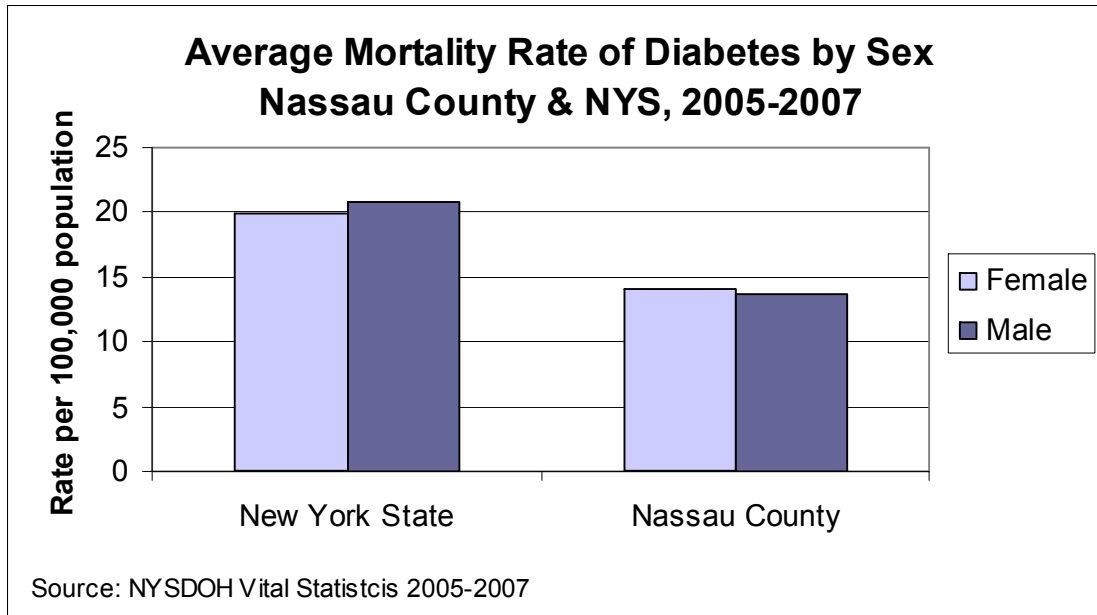


- The rate of diabetes mortality in NC is significantly less than that observed in NYS and NYS excluding NYC.
- The latest national diabetes mortality rate is 24.8 per 100,000 (2004-2006), which is higher than that observed in NC (13.9), NYS (20.3) and NYS excluding NYC (19.6) for the years 2005-2007.⁹

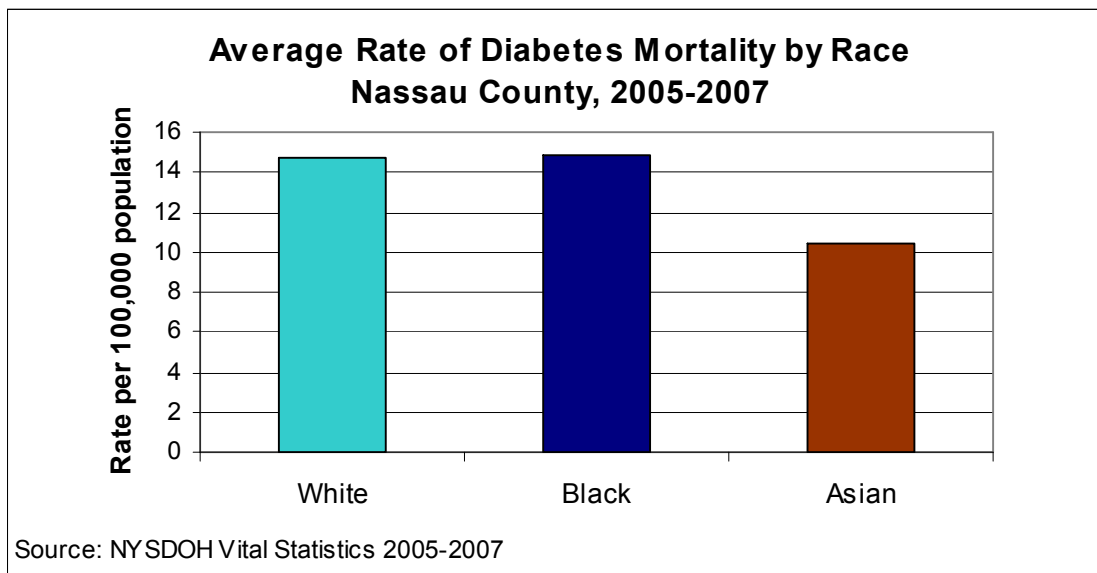


- The diabetes mortality rate among NC residents increases with age.

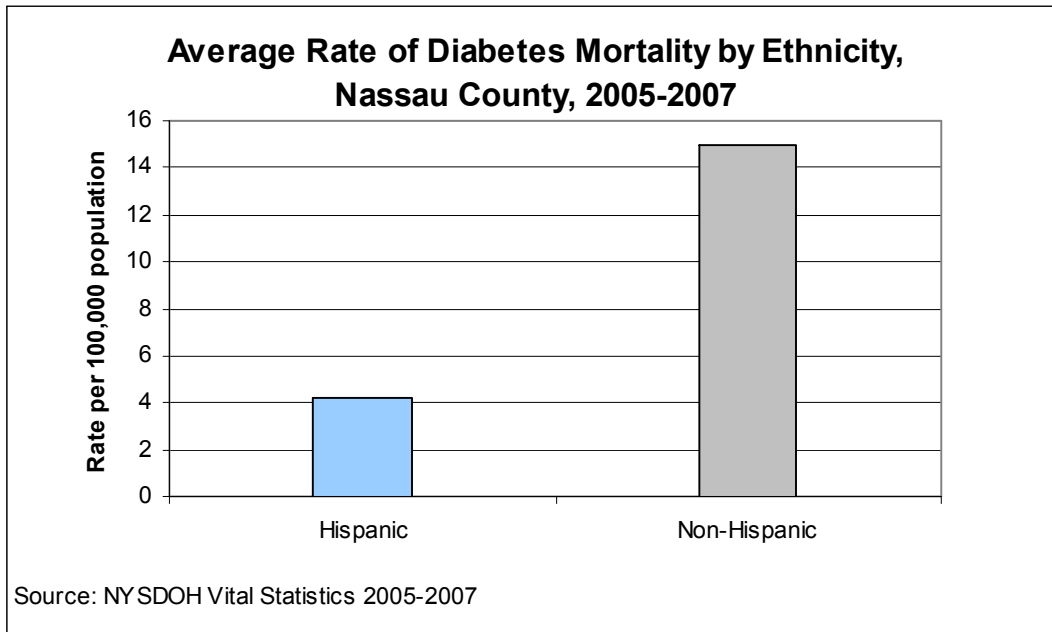
⁹ CDC Wonder <http://wonder.cdc.gov/>



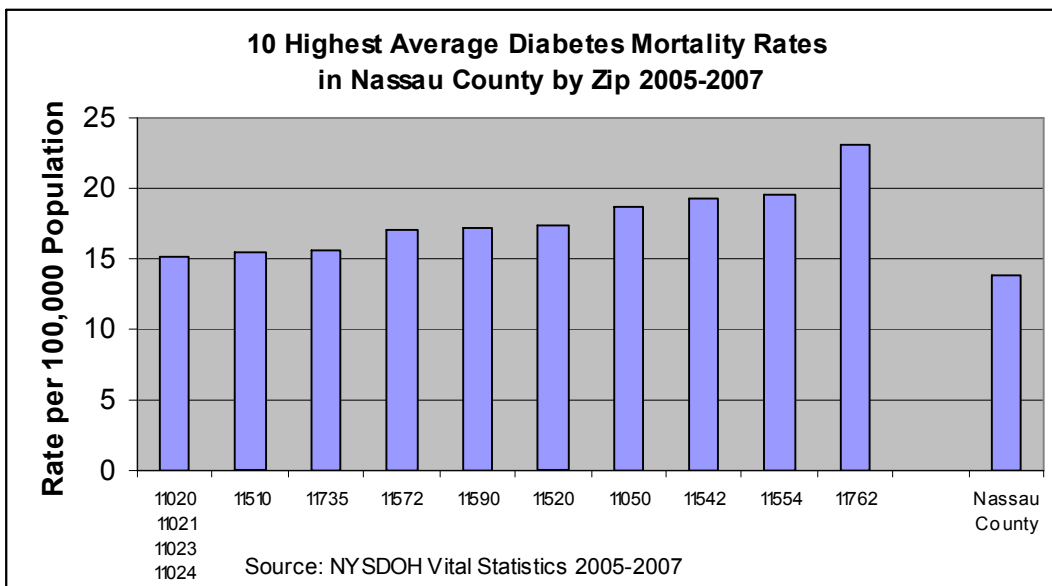
- The male and female diabetes mortality rates in NC are similar to those observed in NYS and NYS excluding NYC.



- The diabetes mortality rate among whites in NC is similar to that observed among blacks; both are greater than that observed among Asians.

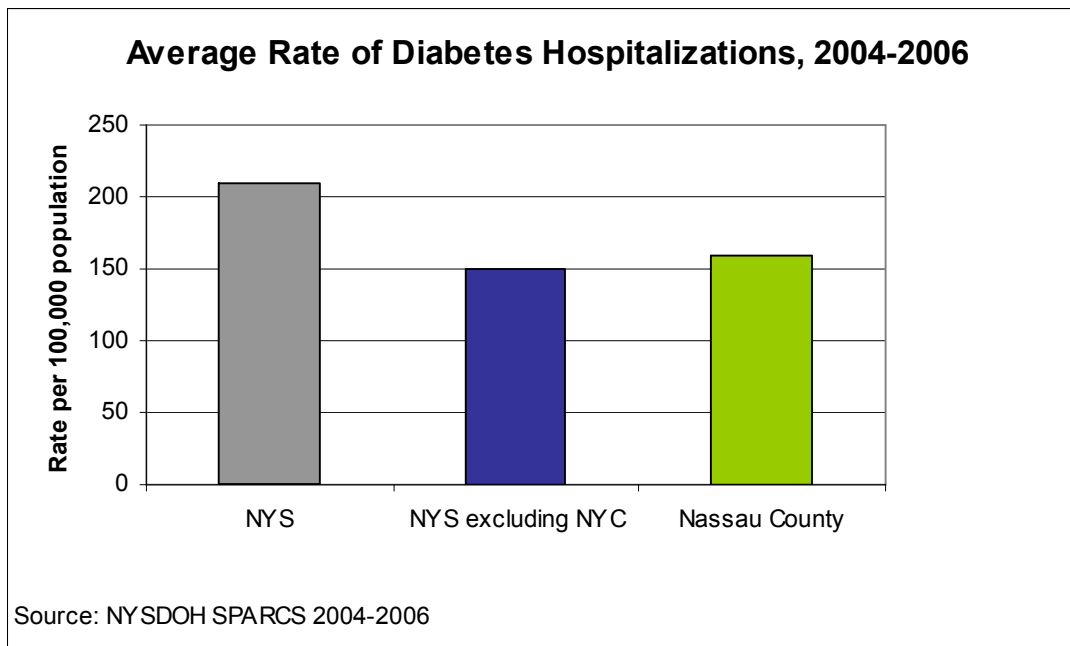


- The diabetes mortality rate observed among non-Hispanics in NC is 3.5 times greater than that observed among Hispanics.

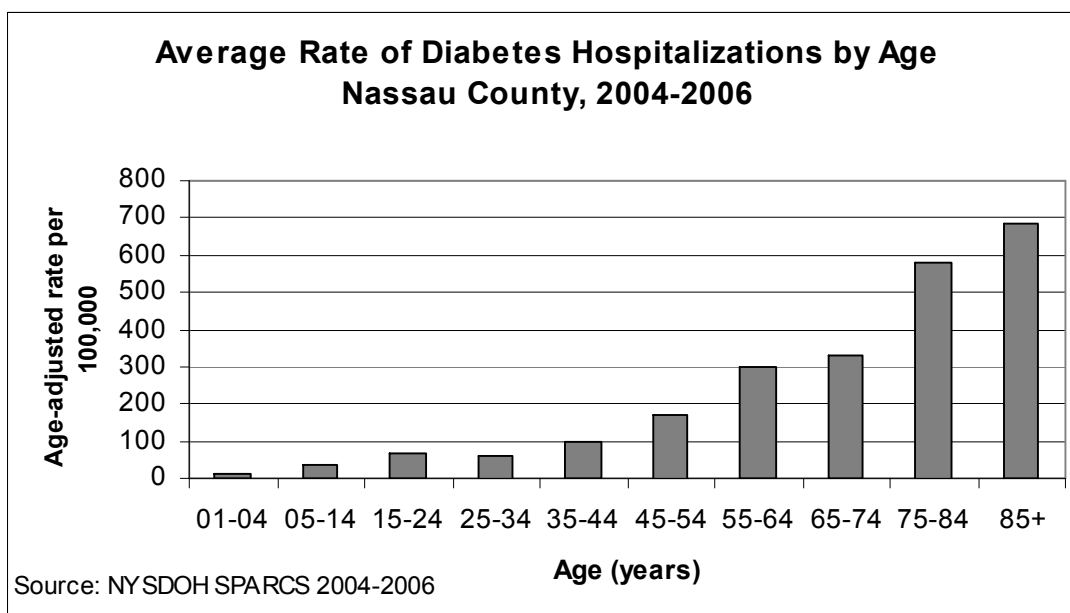


- Massapequa Park (11762) has the highest diabetes mortality rate in NC.

Diabetes Hospitalizations

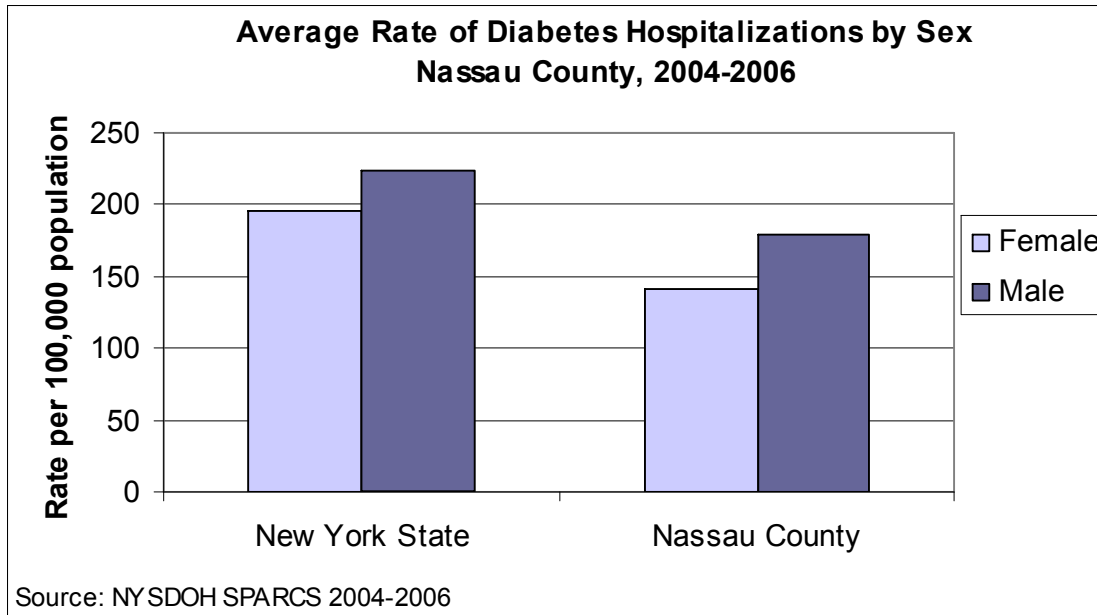


- The diabetes hospitalization rate in NC is significantly greater than that observed in NYS and NYS excluding NYC.
- The latest national diabetes hospitalization rate is 186.0 per 100,000 (2004-2006), which is higher than that observed in NC (159.4) and NYS excluding NYC (150.6), but lower than that observed in NYS (209.6).¹⁰

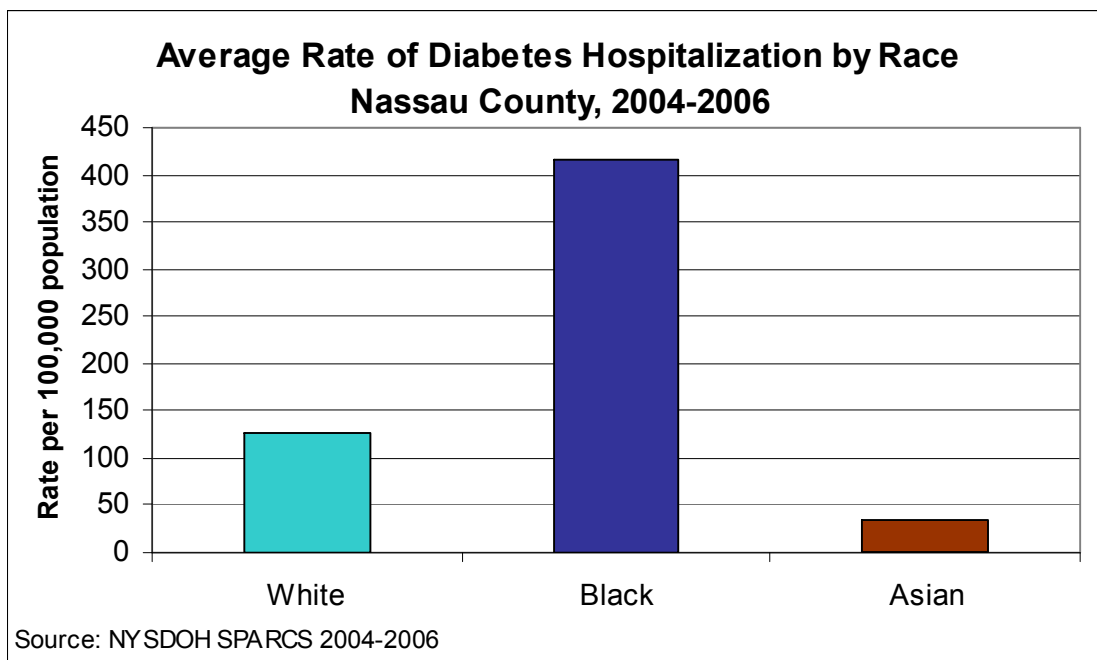


- The diabetes hospitalization rate among NC residents increases with age and nearly doubles between the age groups 65-74 and 75-84.

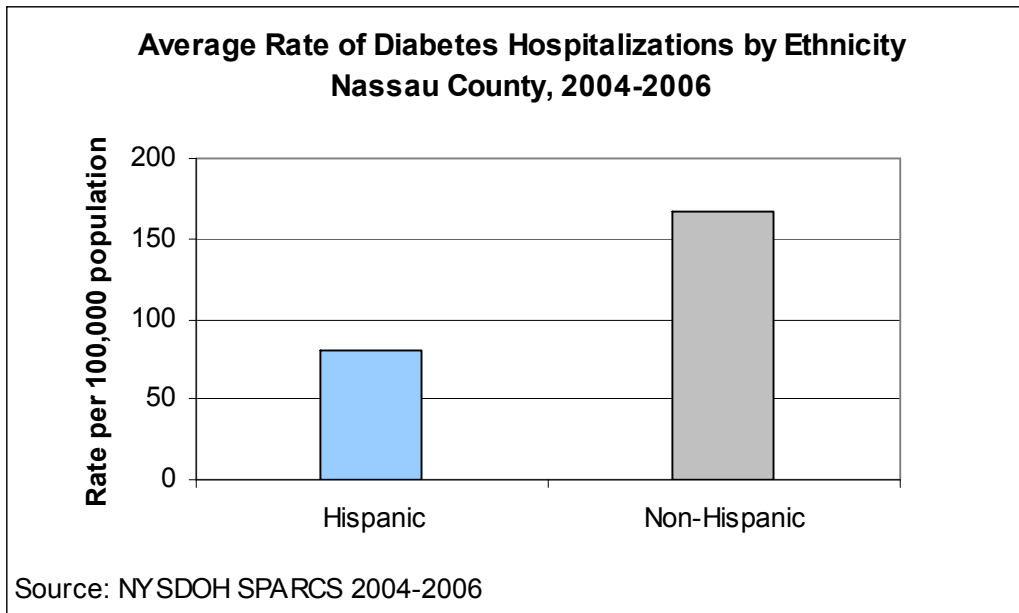
¹⁰ AHRQ Healthcare Cost and Utilization Project <http://hcupnet.ahrq.gov/>



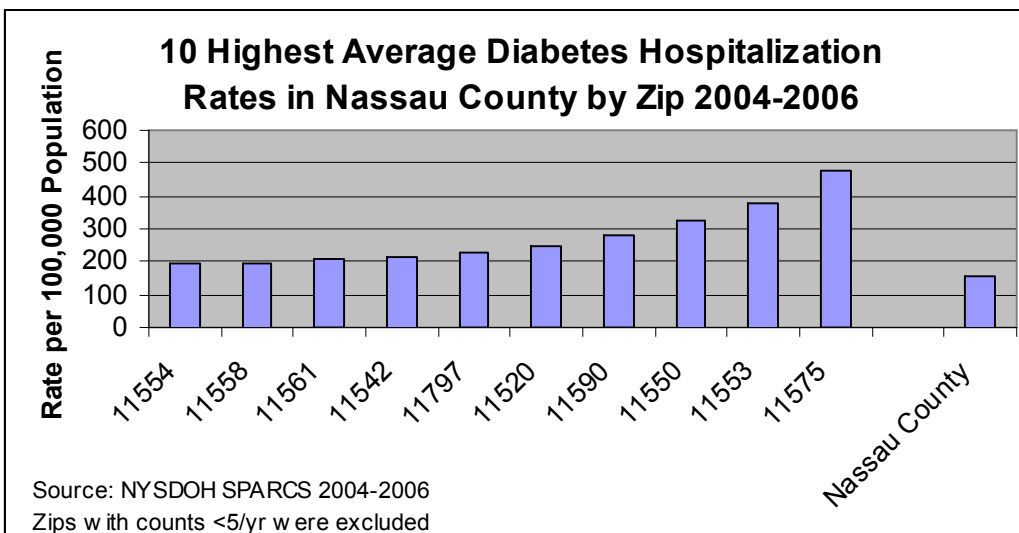
- The diabetes hospitalization rates among males in NC and NYS is higher than those observed among females.



- In contrast to diabetes mortality rates, the diabetes hospitalization rate among blacks in NC is three times higher than that observed among whites and twelve times higher than that observed among Asians.

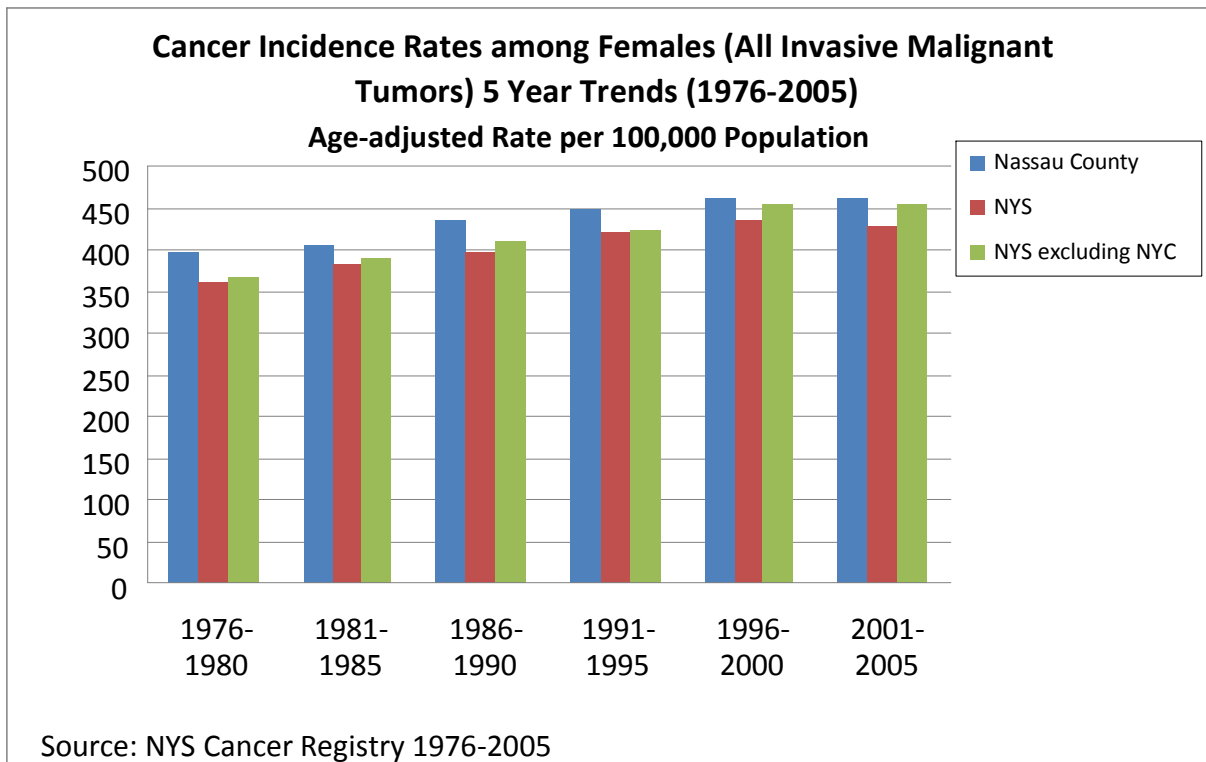


- The diabetes hospitalization rate observed among non-Hispanics in NC is more than double that observed among Hispanics.

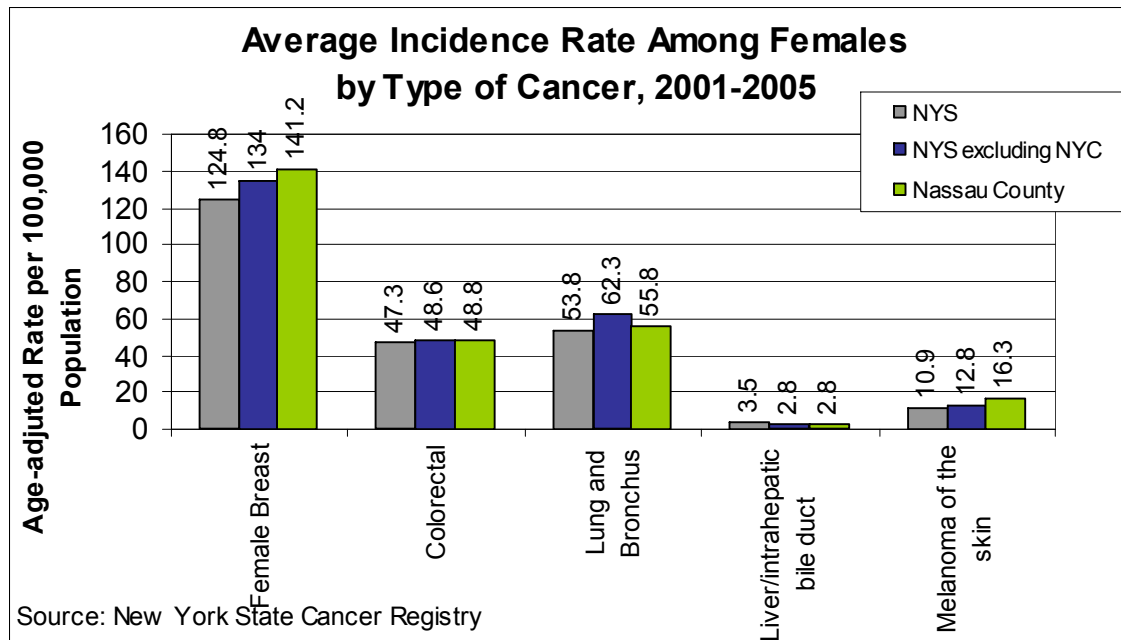


- Roosevelt (11575) has the highest diabetes hospitalization rate in NC.

Cancer



- Between 1976 and 2005, the overall cancer incidence rate among residents of NC, NYS and NYS excluding NYC has increased.



- The incidence rate of breast cancer among females in NC is significantly higher than that observed in NYS and NYS excluding NYC.
- The latest national incidence rate of breast cancer among females is 123.0 per 100,000 (2001-2005), which is lower than that observed in NC (141.2), NYS (124.8) and NYS excluding NYC (134.0).¹¹
- The incidence rate of colorectal cancer among females in NC is similar to that observed in NYS and NYS excluding NYC.
- The latest national incidence rate of colorectal cancer among females is 44.5 per 100,000 (2001-2005), which is lower than that observed in NC (48.8), NYS (47.3) and NYS excluding NYC (48.6).¹²
- The incidence rate of lung and bronchial cancer among females in NC is significantly lower than that observed in NYS excluding NYC and similar to that observed in NYS.
- The latest national incidence rate of lung and bronchial cancer among females is 55.3 per 100,000 (2001-2005), which is lower than that observed in NC (55.8) and NYS excluding NYC (62.3), but higher than that observed in NYS (53.8).¹³
- The incidence rate of liver cancer among females in NC is similar to that observed in NYS and NYS excluding NYC.
- The latest national incidence rate of liver cancer among females is 3.0 per 100,000 (2001-2005), which is higher than that observed in NC (2.8) and NYS excluding NYC (2.8) but lower than that observed in NYS (3.5).¹⁴
- The incidence rate of melanoma among females in NC is significantly higher than that observed in NYS and NYS excluding NYC.

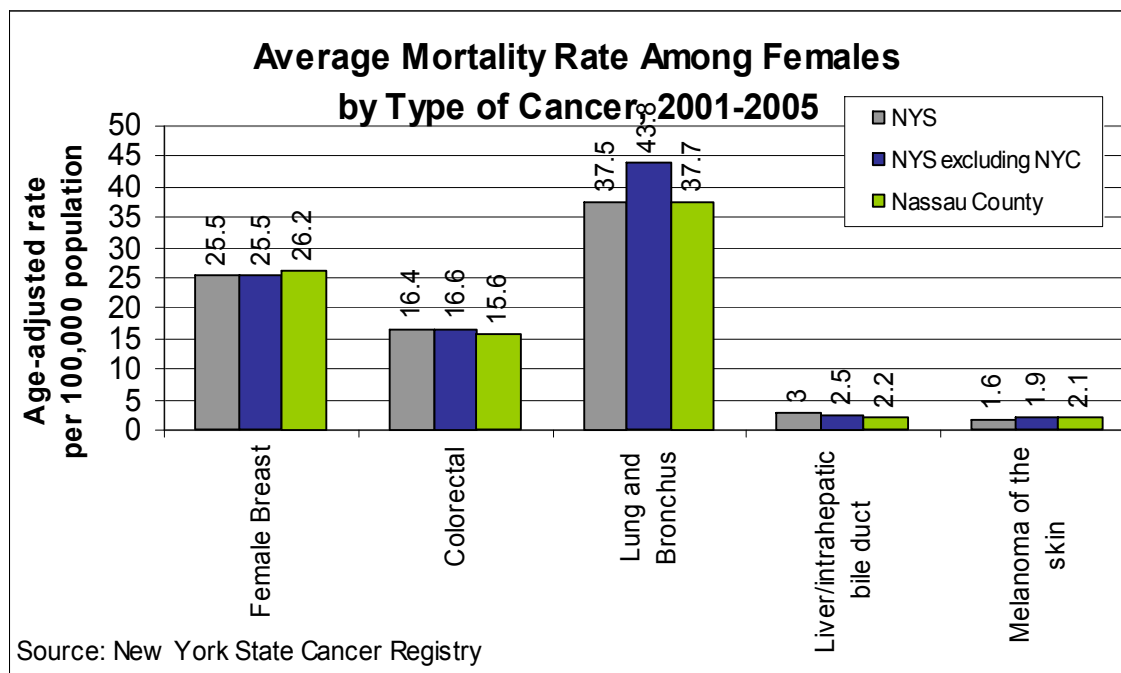
¹¹ CDC United States Cancer Statistics <http://apps.nccd.cdc.gov/uscs/>

¹² CDC United States Cancer Statistics <http://apps.nccd.cdc.gov/uscs/>

¹³ CDC United States Cancer Statistics <http://apps.nccd.cdc.gov/uscs/>

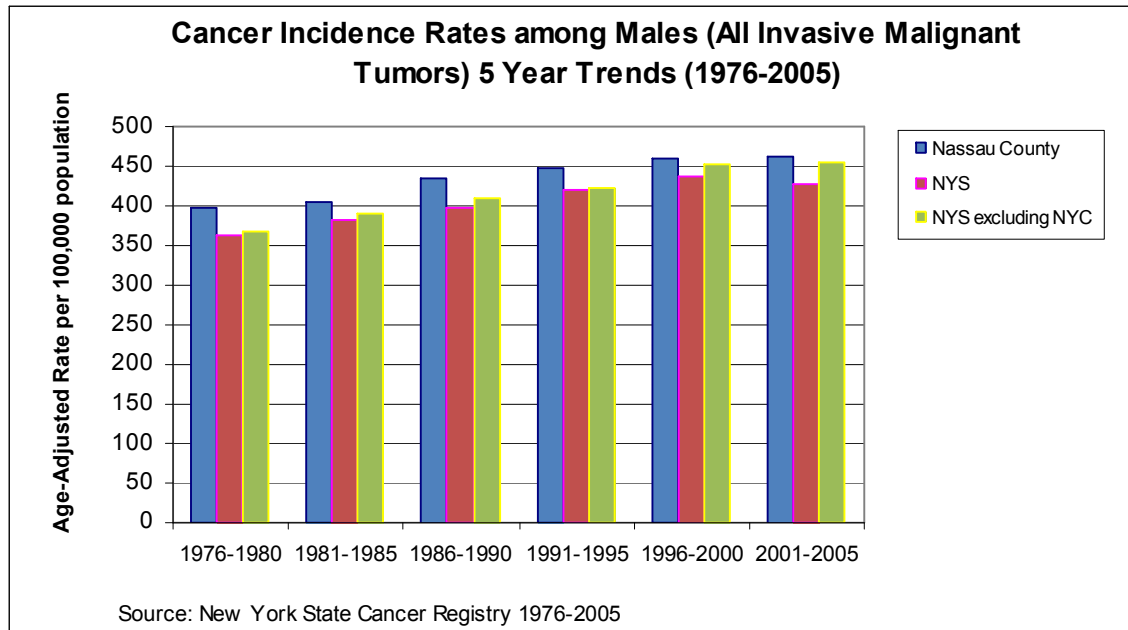
¹⁴ CDC United States Cancer Statistics <http://apps.nccd.cdc.gov/uscs/>

- The latest national incidence rate of melanoma among females is 14.2 per 100,000 (2001-2005), which is lower than that observed in NC (16.3), but higher than that observed in NYS (10.9) and NYS excluding NYC (12.8).¹⁵

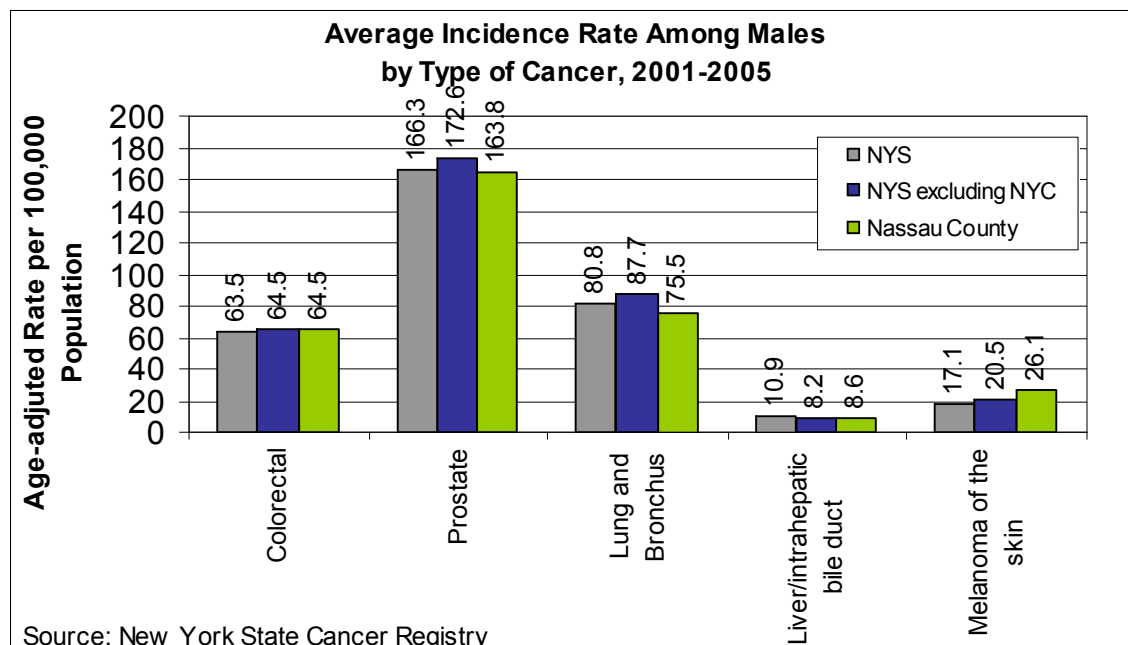


- The breast cancer mortality rate among females in NC is similar to that observed in NYS and NYS excluding NYC.
- The colorectal cancer mortality rate among females in NC is similar to that observed in NYS and NYS excluding NYC.
- The lung cancer mortality rate among females in NC is significantly lower than that observed in NYS excluding NYC, but similar to that observed in NYS.
- The liver cancer mortality rate among females in NC is significantly lower than that observed in NYS, but similar to that observed in NYS excluding NYC.
- The melanoma mortality rate among females in NC is significantly higher than that observed in NYS but similar to that observed in NYS excluding NYC.

¹⁵ CDC United States Cancer Statistics <http://apps.nccd.cdc.gov/uscs/>



- In general, males in NC have slightly higher cancer incidence rates than those observed in NYS and NYS excluding NYC.



- The incidence rate of colorectal cancer among males in NC is similar to that observed in NYS and NYS excluding NYC.
- The latest national incidence rate of colorectal cancer among males is 60.8 per 100,000 (2001-2005), which is lower than that observed in NC (64.5), NYS (63.5) and NYS excluding NYC (64.5).¹⁶

¹⁶ CDC United States Cancer Statistics <http://apps.nccd.cdc.gov/uscs/>

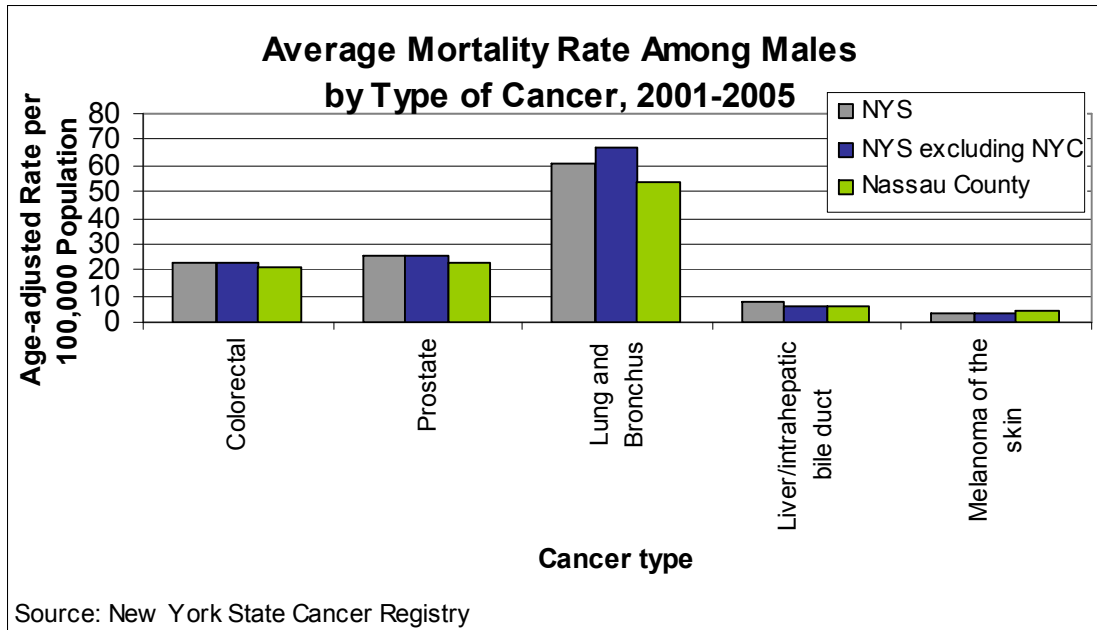
- The incidence rate of prostate cancer among males in NC is significantly lower than that observed in NYS excluding NYC and similar to that observed in NYS.
- The latest national incidence rate of prostate cancer among males is 156.7 per 100,000 (2001-2005), which is lower than that observed in NC (163.8), NYS (166.3) and NYS excluding NYC (172.6).¹⁷
- The incidence rate of lung cancer among males in NC is significantly lower than that observed in NYS excluding NYC and similar to that observed in NYS.
- The latest national incidence rate of lung cancer among males is 87.8 per 100,000 (2001-2005), which is higher than that observed in NC (75.5), NYS (80.8) and NYS excluding NYC (87.7).¹⁸
- The incidence rate of liver cancer among males in NC is significantly lower than that observed in NYS and similar to that observed in NYS excluding NYC.
- The latest national incidence rate of liver cancer among males is 8.6 per 100,000 (2001-2005), which is higher than that observed in NYS excluding NYC (8.2), the same as that observed in NC and lower than that observed in NYS (10.9).¹⁹
- The incidence rate of melanoma among males in NC is significantly higher than that observed in NYS and NYS excluding NYC.
- The latest national incidence rate of melanoma among males is 14.2 per 100,000 (2001-2005), which is lower than that observed in NYS (17.1) NYS excluding NYC (20.5), and NC (26.1).²⁰

¹⁷ CDC United States Cancer Statistics <http://apps.nccd.cdc.gov/uscs/>

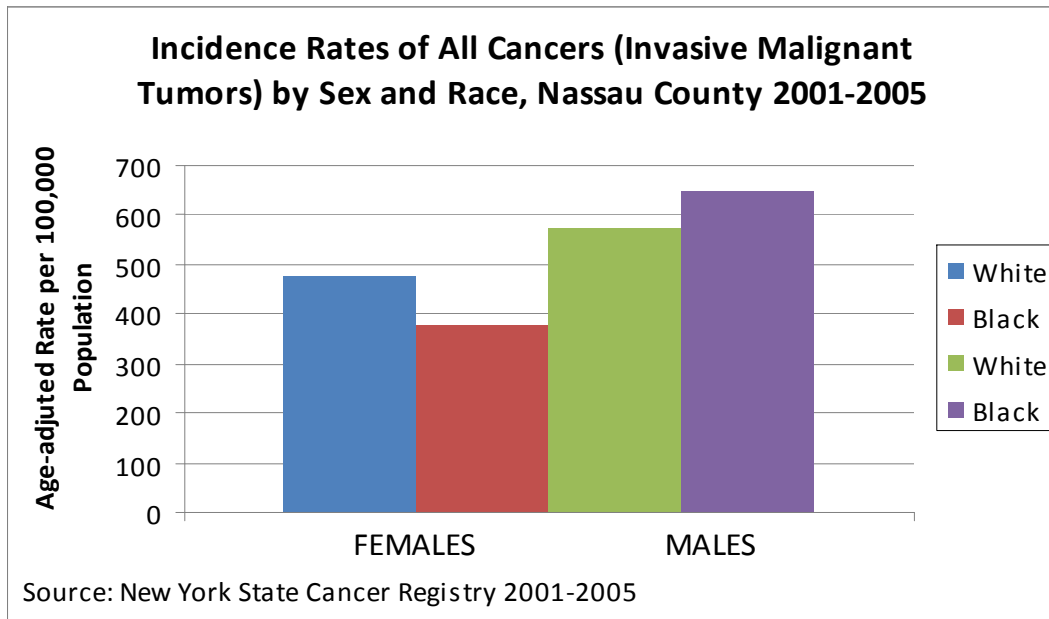
¹⁸ CDC United States Cancer Statistics <http://apps.nccd.cdc.gov/uscs/>

¹⁹ CDC United States Cancer Statistics <http://apps.nccd.cdc.gov/uscs/>

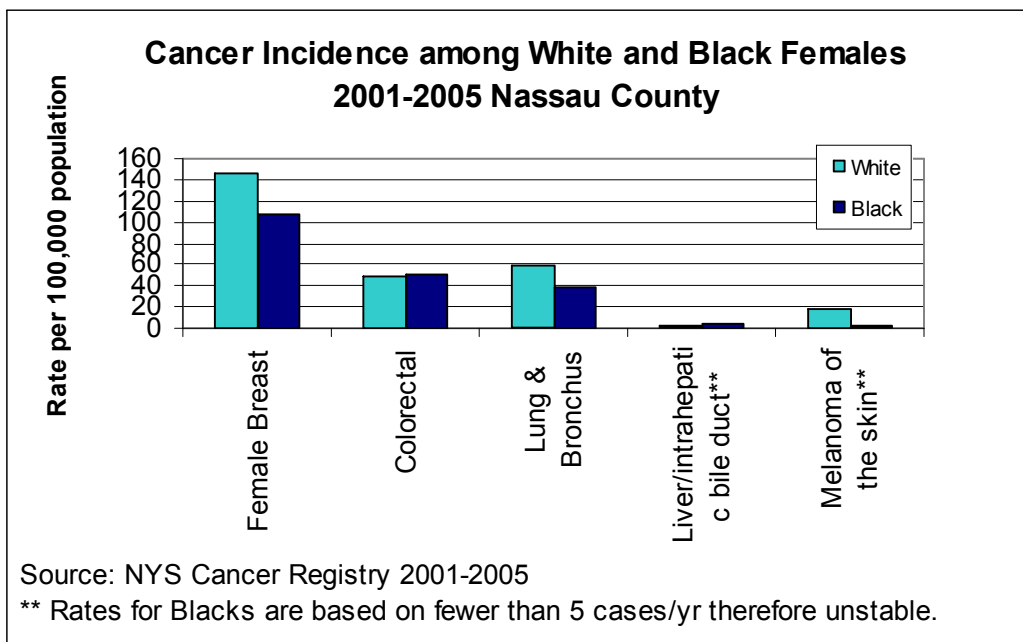
²⁰ CDC United States Cancer Statistics <http://apps.nccd.cdc.gov/uscs/>



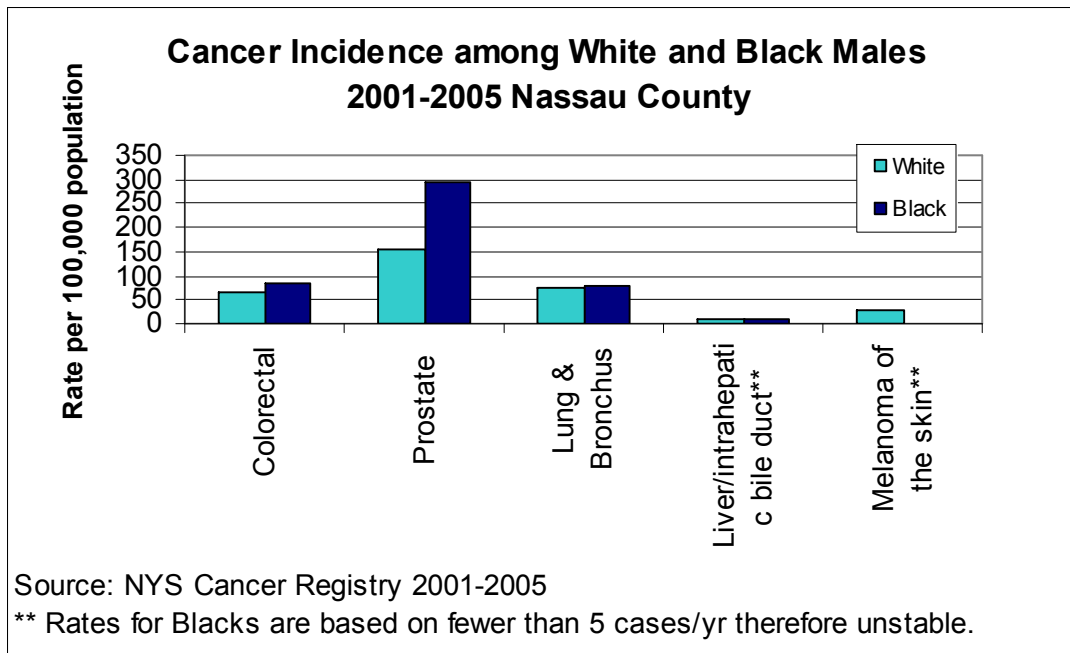
- The colorectal cancer mortality rate among males in NC is similar to that observed in NYS and NYS excluding NYC.
- The prostate cancer mortality rate among males in NC is significantly lower than that observed in NYS and NYS excluding NYC.
- The lung cancer mortality rate among males in NC is significantly lower than that observed in NYS and NYS excluding NYC.
- The liver cancer mortality rate among males in NC is significantly lower than that observed in NYS, but similar to that observed in NYS excluding NYC.
- The melanoma mortality rate among males in NC is significantly higher than that observed in NYS, but similar to that observed in NYS excluding NYC.



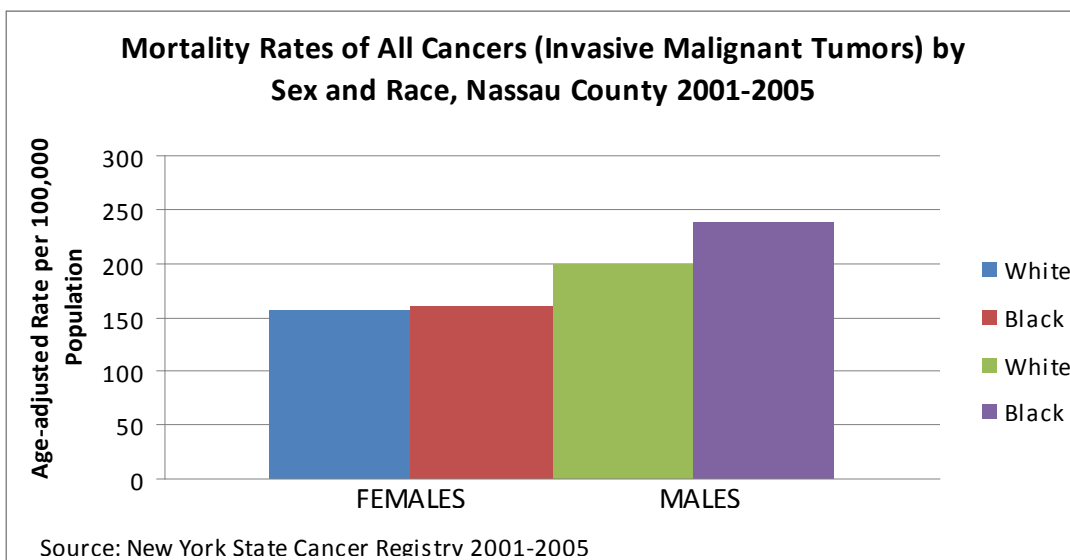
- In general, males in NC have higher cancer incidence rates than females.
- Black males in NC have the highest cancer incidence rates.
- Among females in NC, whites have higher cancer incidence rates than blacks.



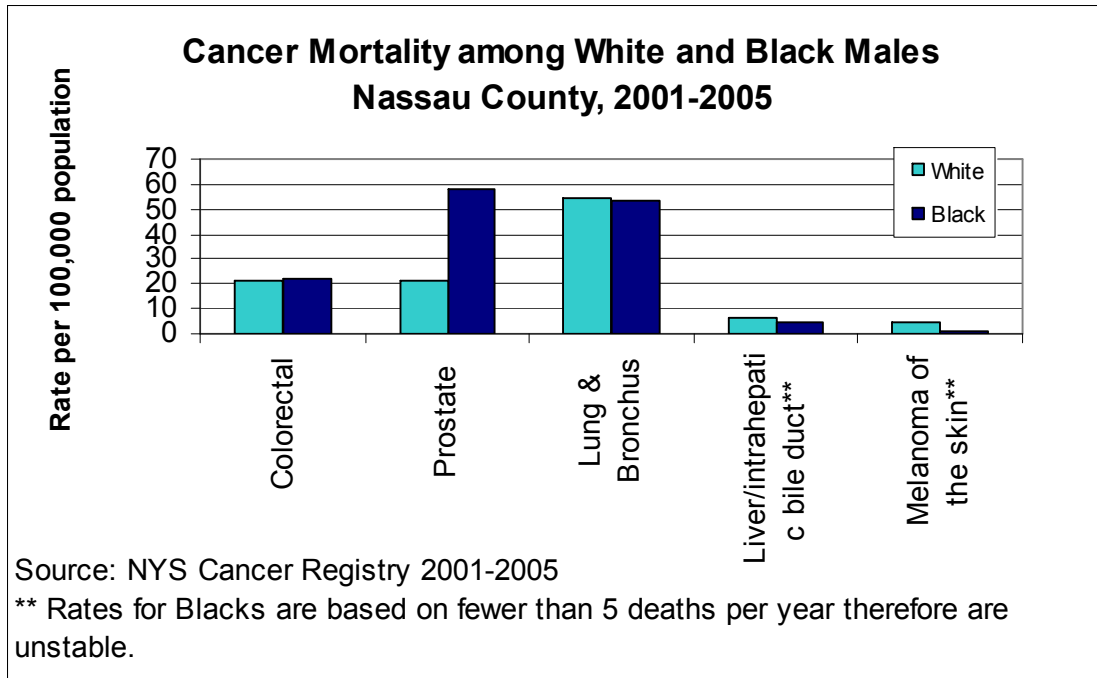
- The incidence rate of breast, lung and bronchus, and melanoma cancers is greater among white females than black females in NC.
- The incidence rate of colorectal cancer is similar among white and black females in NC.
- The incidence rate of liver/intrahepatic bile duct cancer is very low among both white and black females in NC.



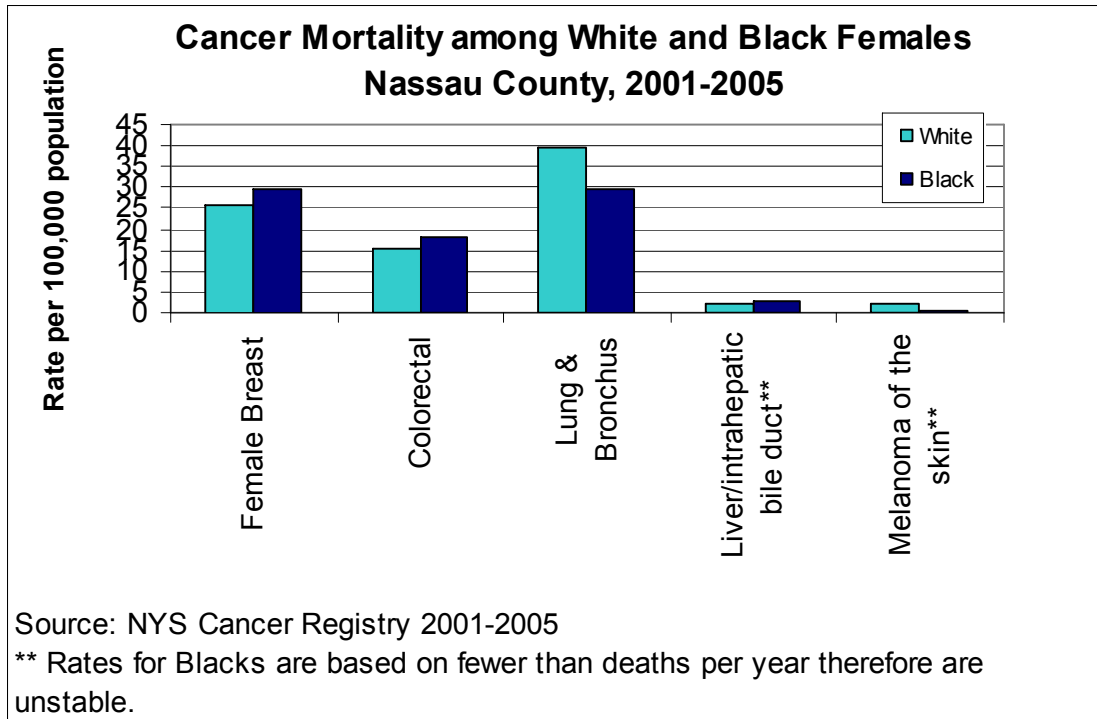
- Prostate cancer is the most common cancer among white and black males in NC. The incidence rate of prostate cancer is greater than colorectal, lung and bronchus, liver/intrahepatic bile duct and melanoma cancers for both races.
- The incidence rates of lung and bronchus and liver/intrahepatic bile duct cancers are similar between white and black males in NC.
- The incidence rate of colorectal cancer among black males in NC is slightly higher than that observed among white males.



- The overall cancer mortality rates are similar for white and black females in NC.
- In general, overall cancer mortality rates are higher among males than females in NC with the highest rates observed among black males.

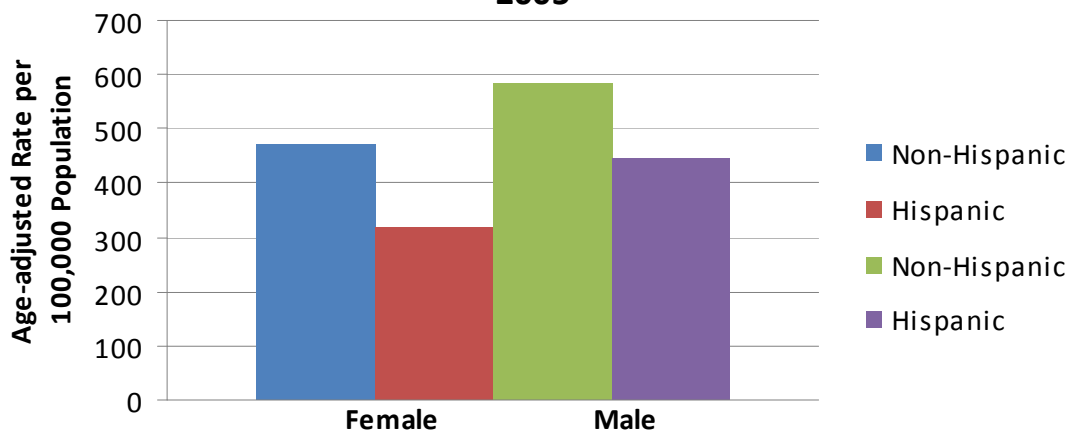


- The highest cancer mortality rates among black males in NC result from prostate and lung and bronchial cancers. Lung and bronchial cancers are the leading cause of mortality for white males.
- Colorectal cancer mortality rates are similar between white and black males in NC.
- The prostate cancer mortality rate among black males in NC is three times higher than that observed among white males.



- The leading causes of cancer mortality among females in NC are lung and bronchial and breast cancers. Among white females, lung and bronchial cancer mortality is greater than from breast cancer. Similar lung and bronchial and breast cancer mortality rates are observed among black females.
- The rates of liver/intrahepatic bile duct cancer deaths are similar and low for both white and black females.
- Melanoma death rates are higher among white females than black females in NC.

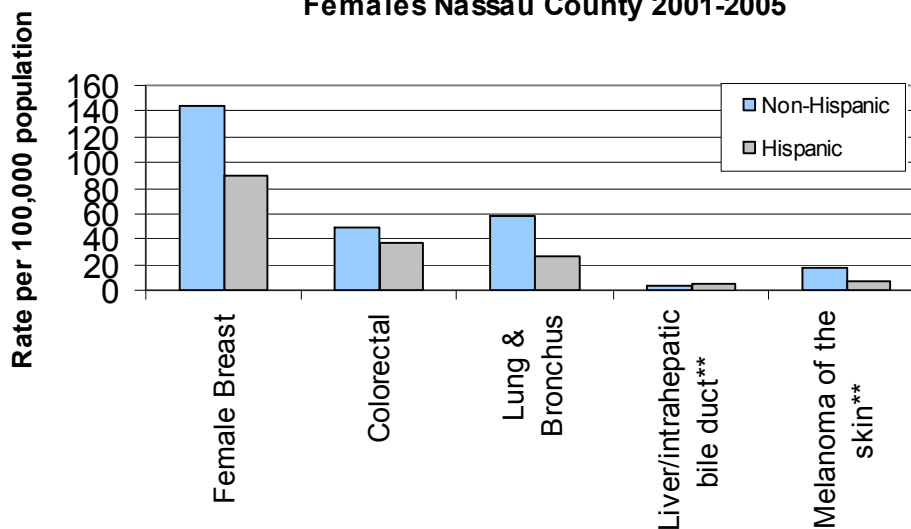
Incidence Rate of All Cancers (Invasive Malignant Tumors) by Sex and Ethnicity, Nassau County 2001-2005



Source: New York Cancer Registry 2001-2005

- The overall cancer incidence rate is higher among non-Hispanics than Hispanics in NC.
- Among Hispanics, the overall cancer incidence rate is greater in males than females.

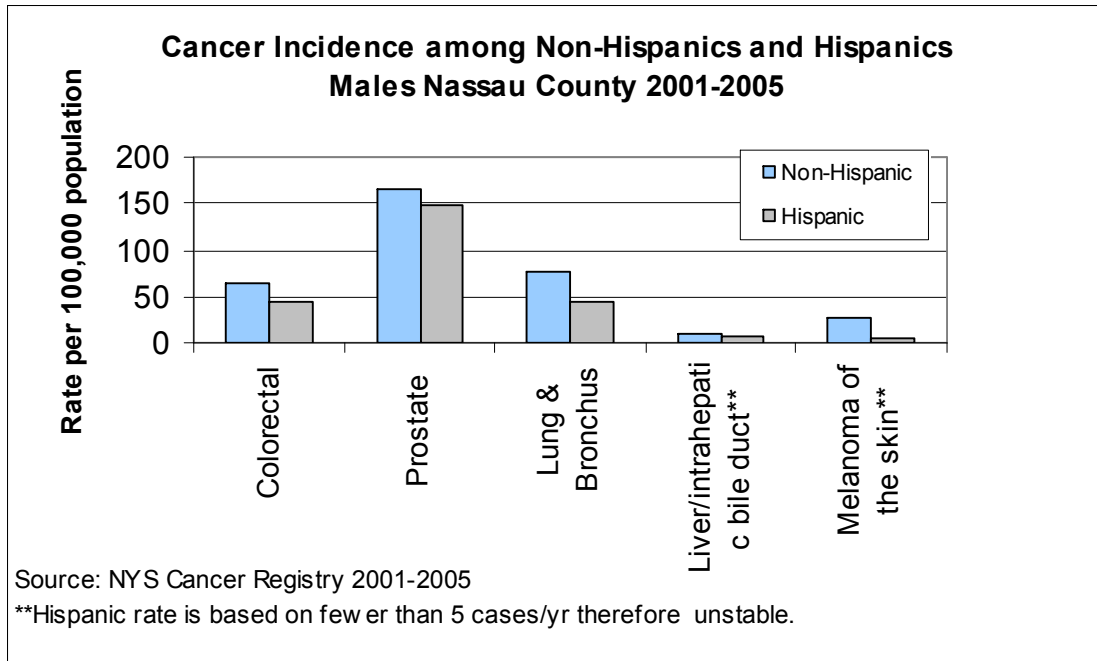
Cancer Incidence among Non-Hispanic and Hispanic Females Nassau County 2001-2005



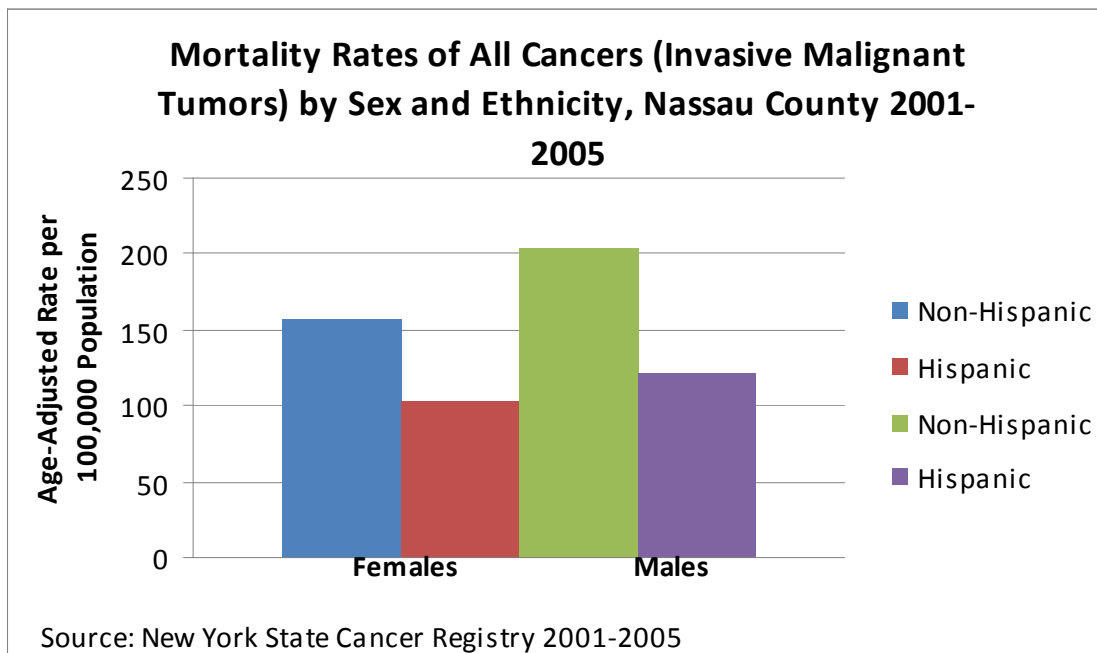
Source: NYS Cancer Registry

**Hispanic rate is based on fewer than 5 cases /yr therefore unstable.

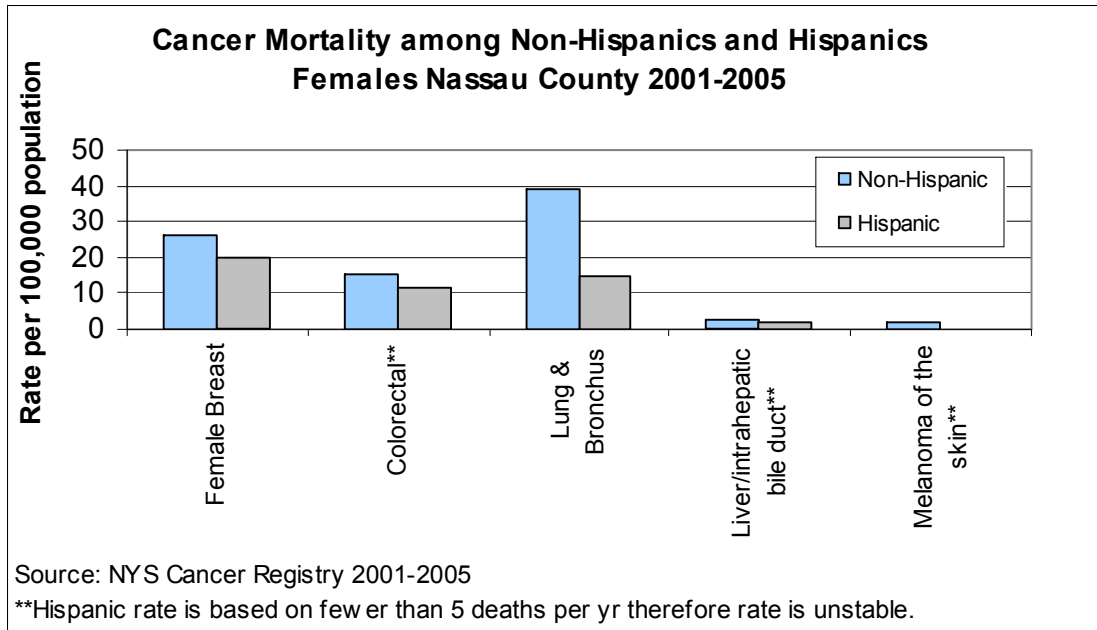
- Among females in NC, the incidence rates of breast, colorectal, lung and bronchial cancer and melanoma are higher in non-Hispanics than Hispanics.



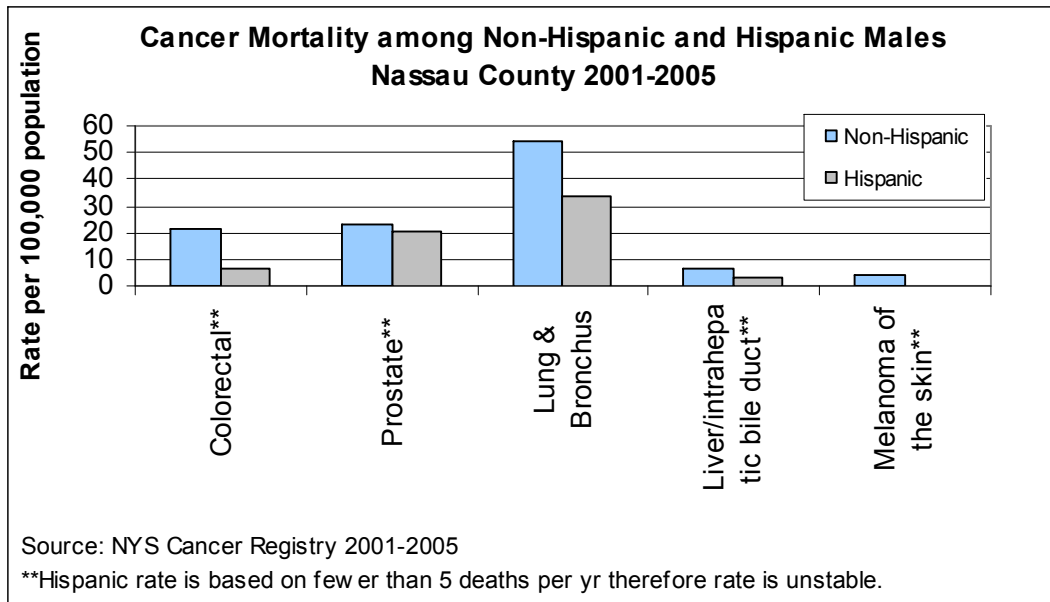
- Among males in NC, the incidence rates of colorectal, prostate, lung and bronchial, liver cancer and melanoma are higher in non-Hispanics than Hispanics.
- Melanoma incidence is substantially higher in non-Hispanic males in comparison to Hispanic males.



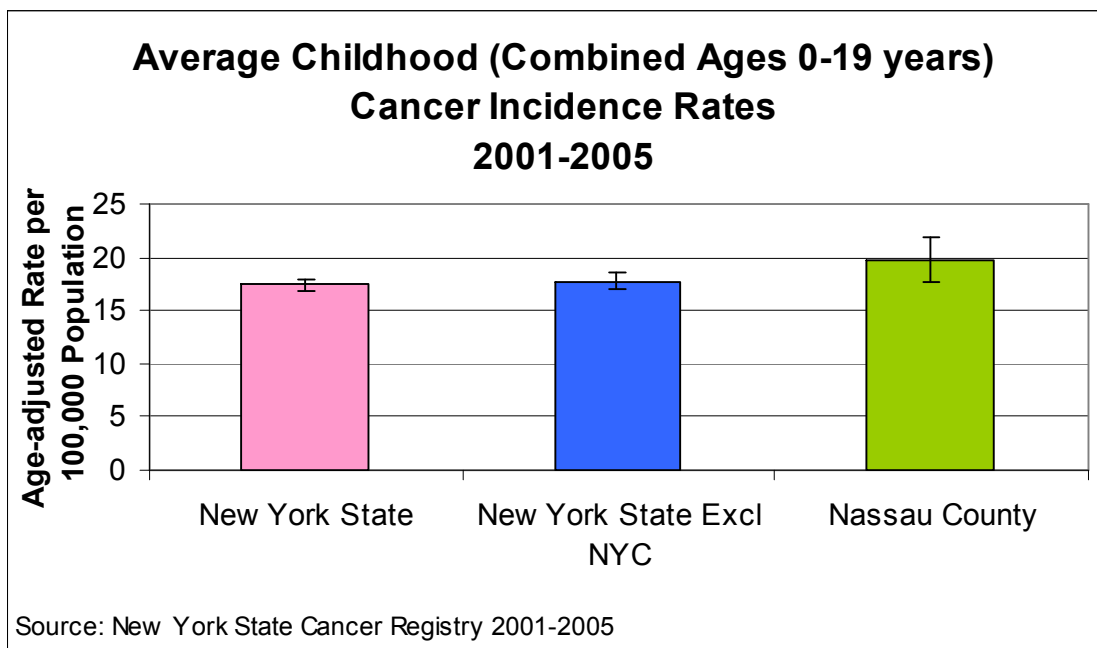
- In NC, the mortality rates of all cancers are higher in non-Hispanics than in Hispanics regardless of sex.
- Among Hispanics, the mortality rates of all cancers are higher in males than in females.



- Among females in NC, cancer mortality rates are higher for non-Hispanics than Hispanics.
- Among females in NC, the lung and bronchial cancer mortality rate in non-Hispanics is more than double that observed in Hispanics.
- Breast and lung and bronchial cancers are the leading causes of cancer death for both non-Hispanic and Hispanic females.

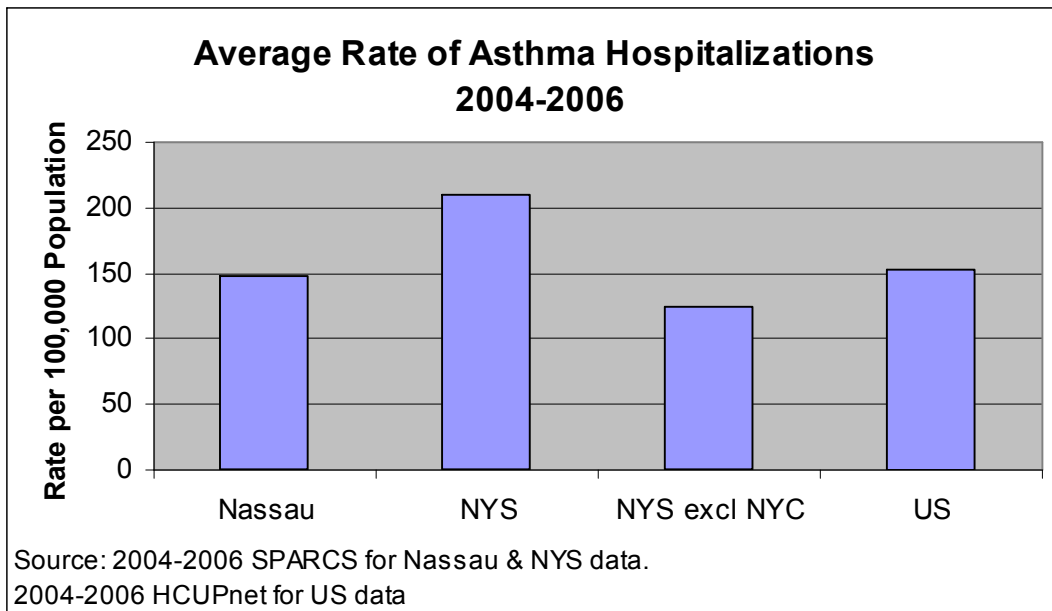


- Among males in NC, the mortality rates of all cancers are higher among non-Hispanics than Hispanics.
- Lung and bronchial and prostate cancers are the leading causes of cancer deaths for both non-Hispanic and Hispanic males in NC.
- The colorectal cancer mortality rate among non-Hispanic males in NC is more than twice that observed among Hispanic males.
- Prostate cancer mortality rates are similar for non-Hispanic and Hispanic males in NC.

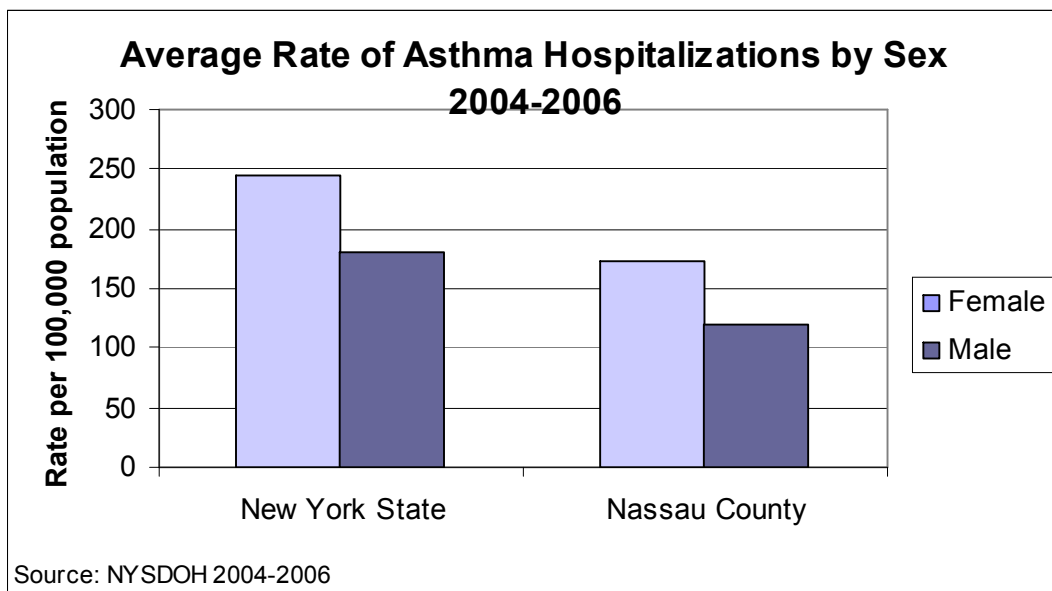


- Average childhood cancer incidence rates observed in NC is similar to those seen in NYS and NYS excluding NYC.

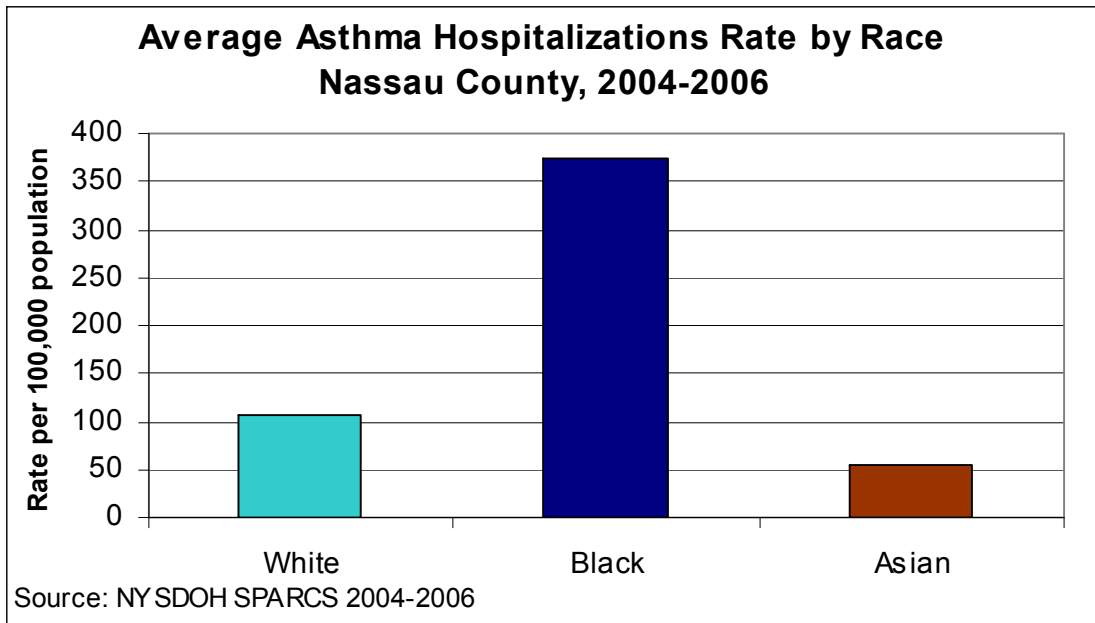
Asthma Hospitalizations



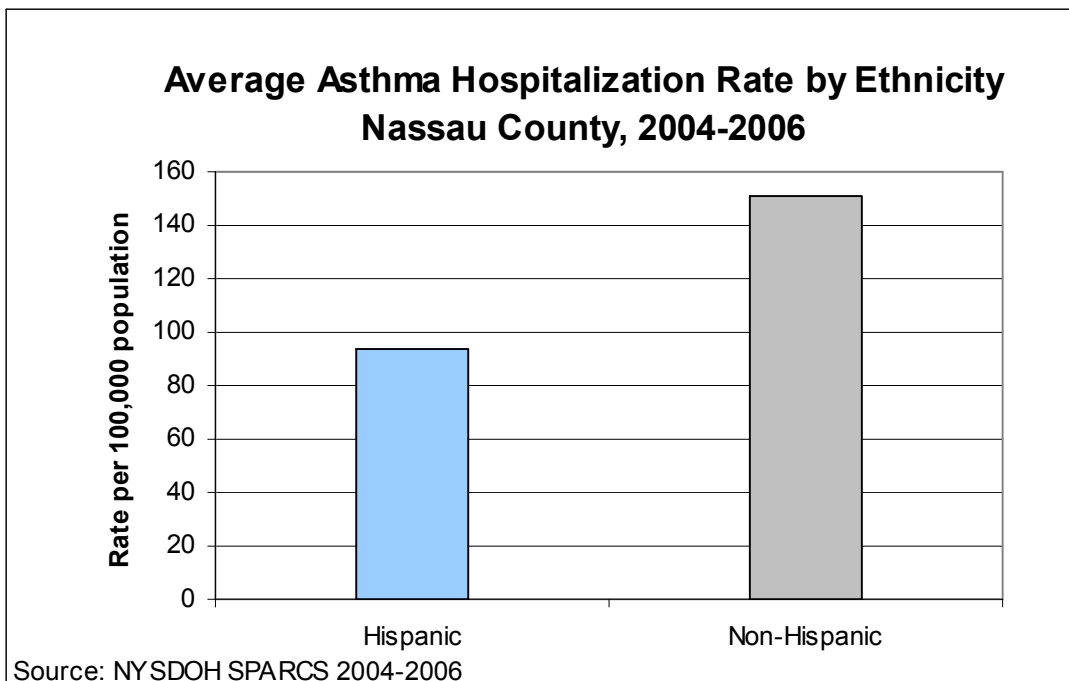
- The average rate of asthma hospitalizations in NC is similar to that observed nationally. The rate is higher than that observed in NYS excluding NYC and lower than that in NYS.



- The average rate of asthma hospitalizations is higher for females than males in both NC and NYS.

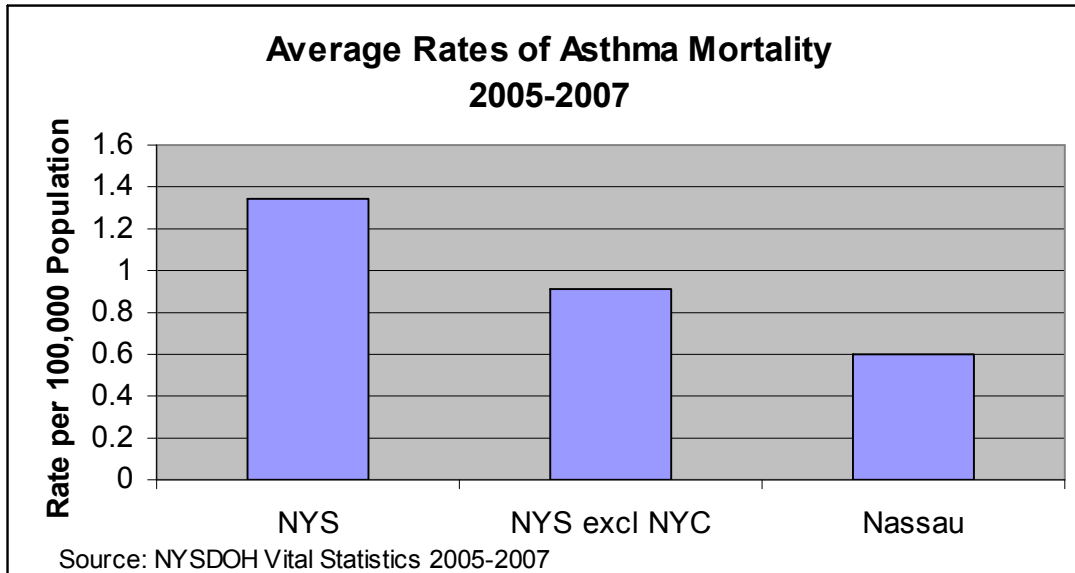


- In NC, blacks have substantially higher rates of asthma hospitalizations than that observed among whites and Asians.



- Non-Hispanics in NC have a substantially higher rate of asthma hospitalizations than Hispanic residents.

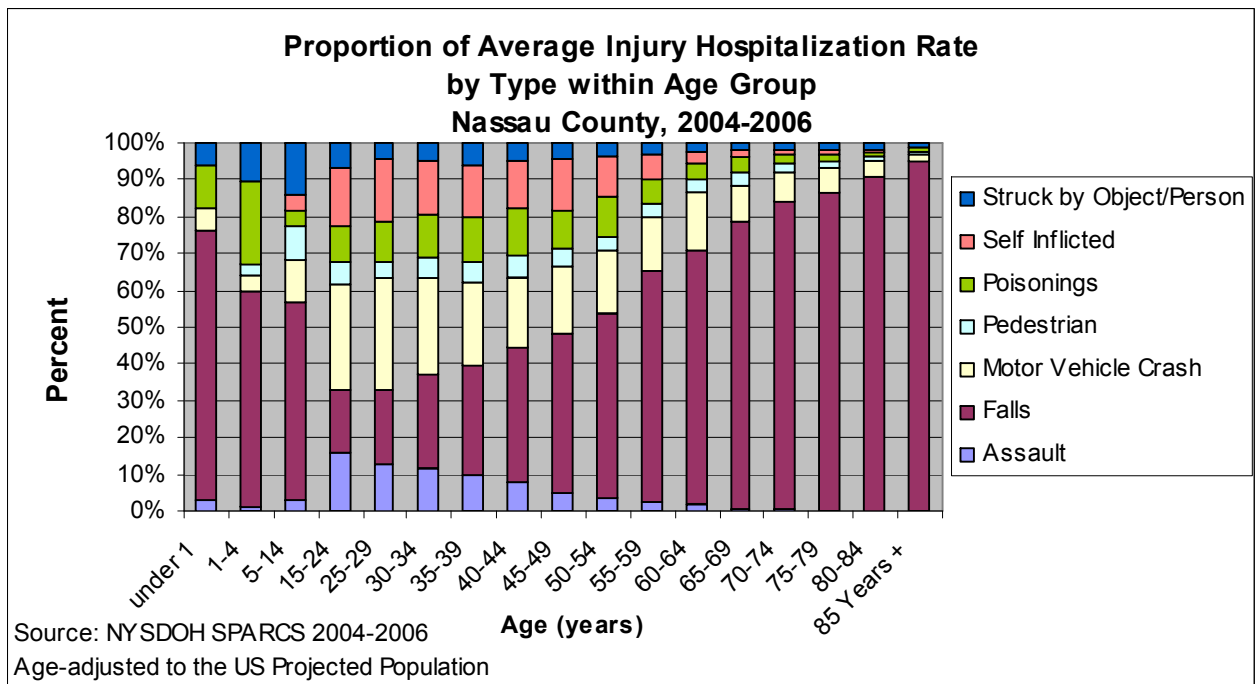
Asthma Mortality



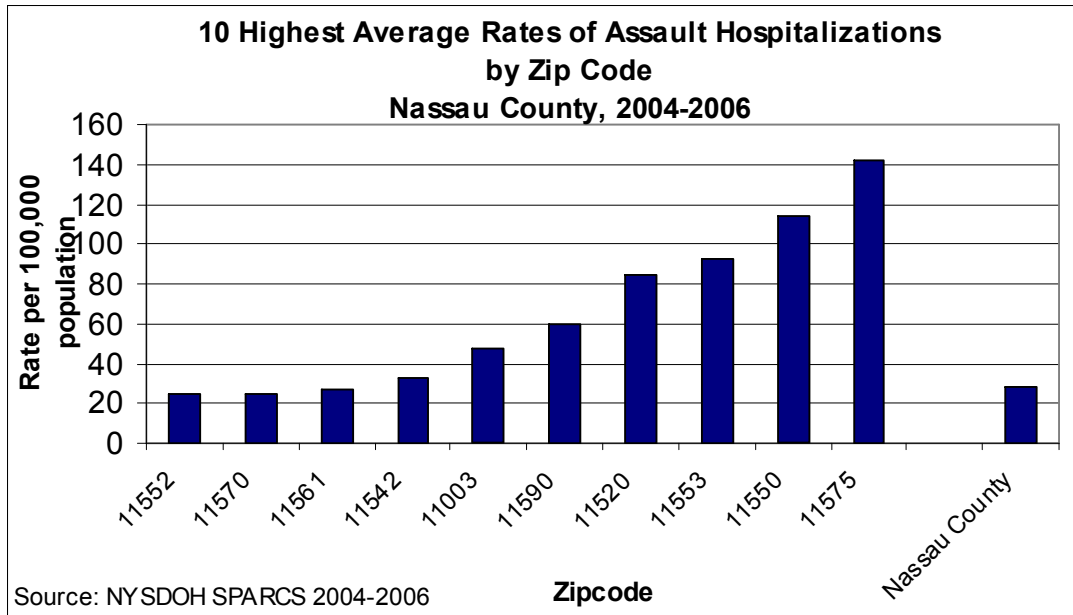
- The asthma mortality rate in NC is less than half that observed in NYS and is lower than NYS excluding NYC.
- The latest national asthma mortality rate is 1.3 per 100,000 (2004-2006), similar to that observed in NYS and higher than that observed in NYS excluding NYC and NC for the years 2005-2007.²¹
- Asthma mortality data is too small to stratify by age, sex, race, ethnicity and zip code.

²¹ CDC Wonder <http://wonder.cdc.gov/>

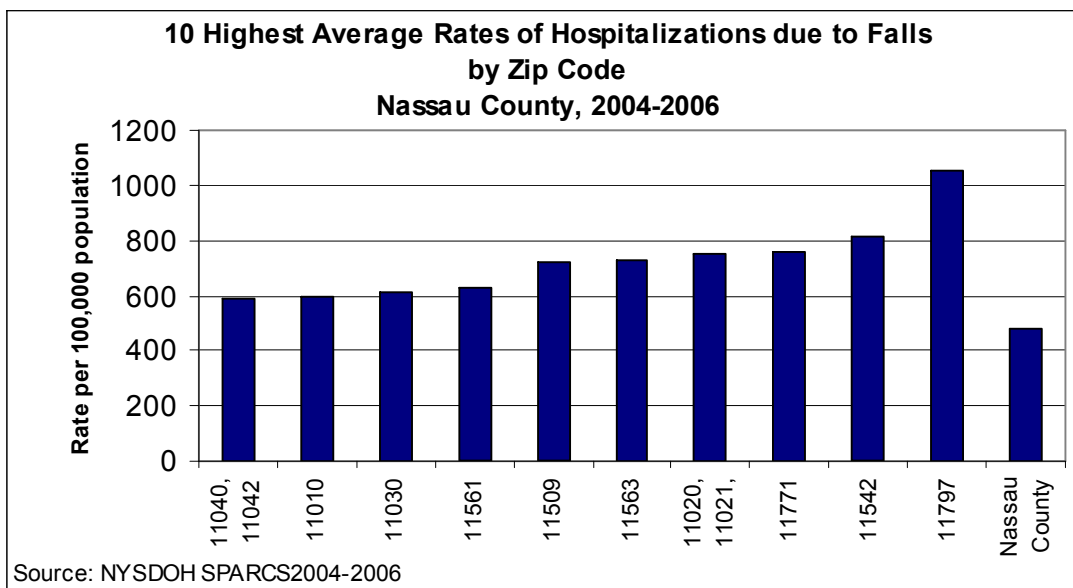
Injury Hospitalizations



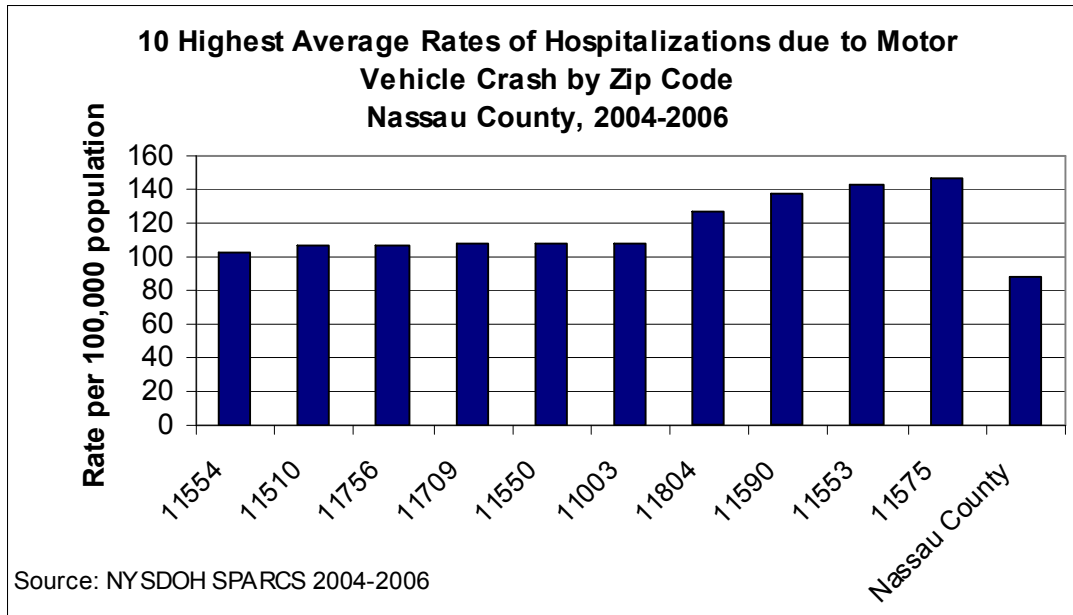
- In NC, falls are responsible for the greatest proportion of injury hospitalizations in all age groups except the 25-29, 30-34, and 35-39 year olds, where injuries due to motor vehicle crashes are more common.
- The proportion of fall hospitalizations decreases from infancy to age 25 and increases with age after 29 years.
- The greatest proportion of poisoning hospitalizations occurs in the 5-14 age group.
- Hospitalizations due to self-inflicted injury are most common between the ages of 25-54.
- Assault related hospitalizations peak at 25-29 years and decrease with age.



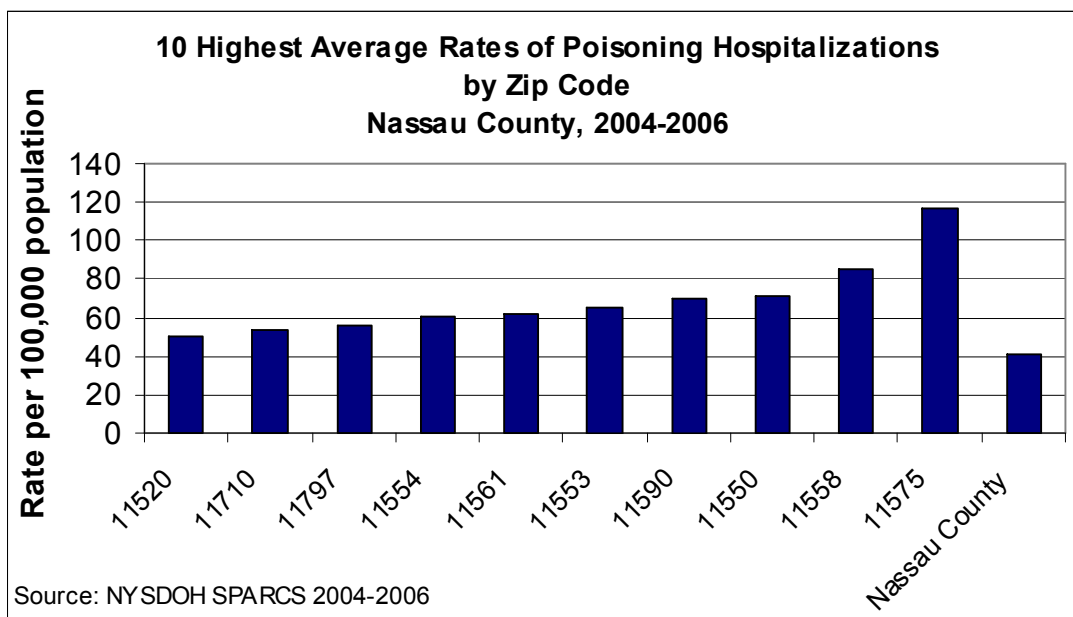
- The highest average rate of assault hospitalizations in NC is in Roosevelt (11575). This rate was nearly five times the average rate of NC as a whole.



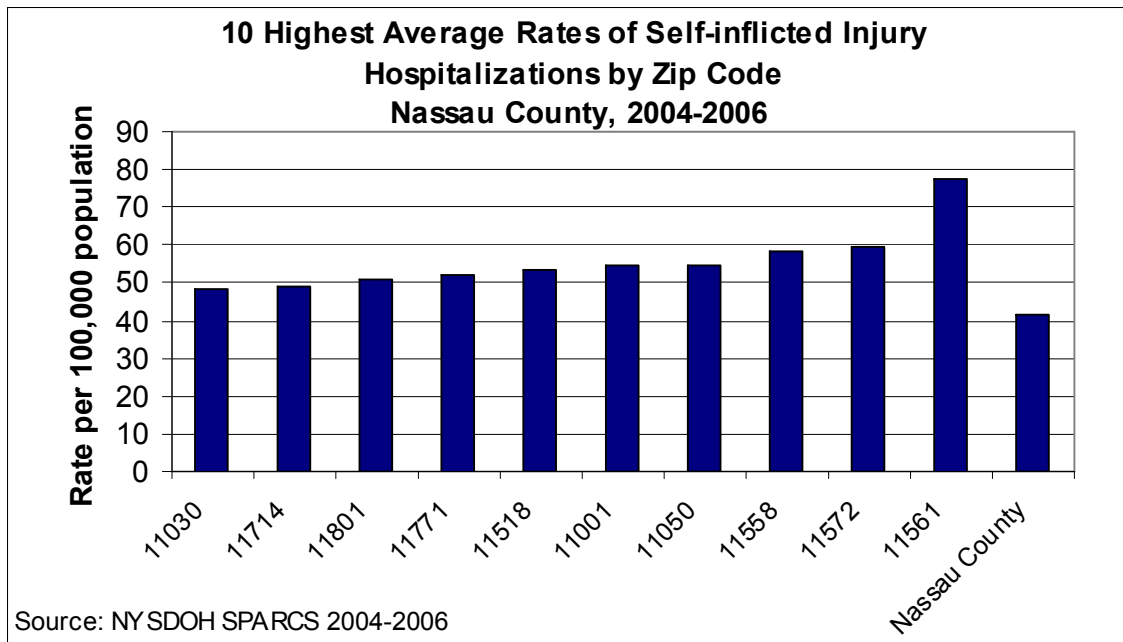
- In NC, the average rate of hospitalizations due to falls is greatest in Woodbury (11797), which is more than twice the rate of NC as a whole.



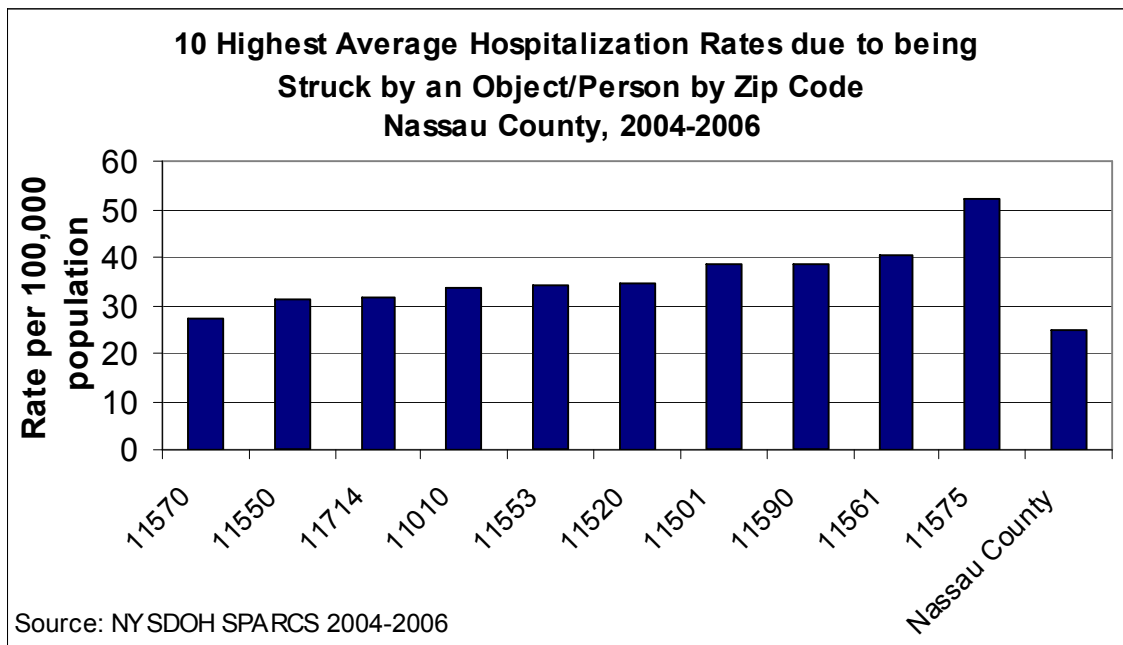
- The highest rate of hospitalizations due to motor vehicle crashes is in Roosevelt (11575), nearly twice that of NC as a whole.



- Hospitalizations due to poisoning are substantially higher in Roosevelt (11575), which is almost three times the rate of NC as a whole.

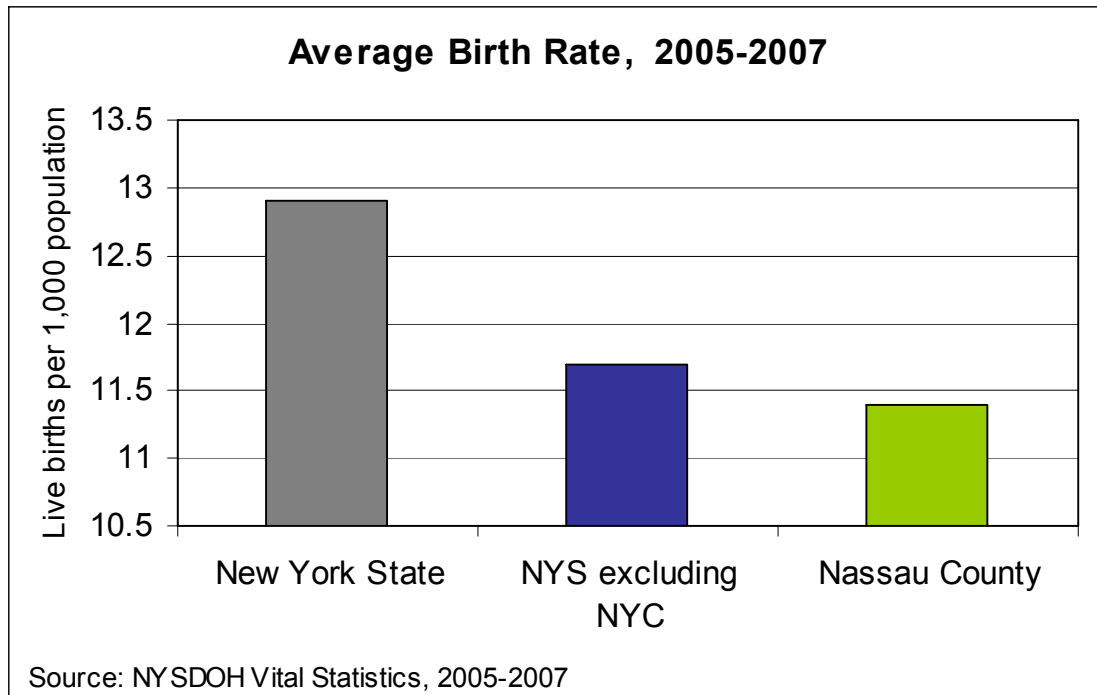


- Long Beach (11561) has the highest rate of self-inflicted injury hospitalizations which is nearly double that of NC as a whole.

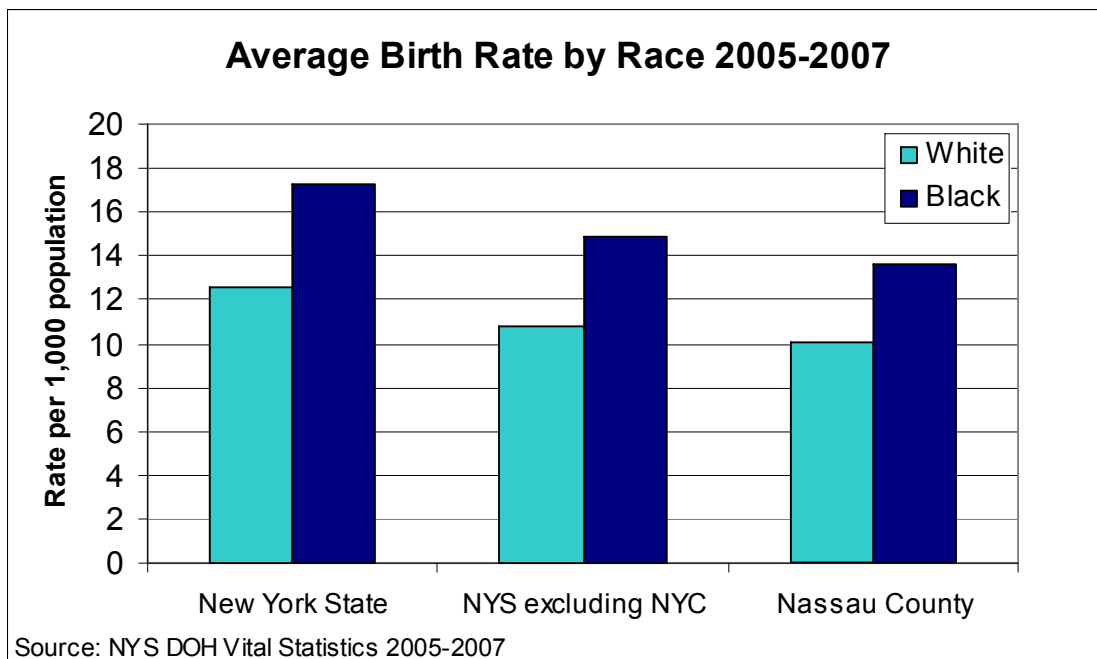


- The hospitalization rate due to being struck by an object/person is highest in Roosevelt (11575), which is more than twice the rate of NC as a whole.

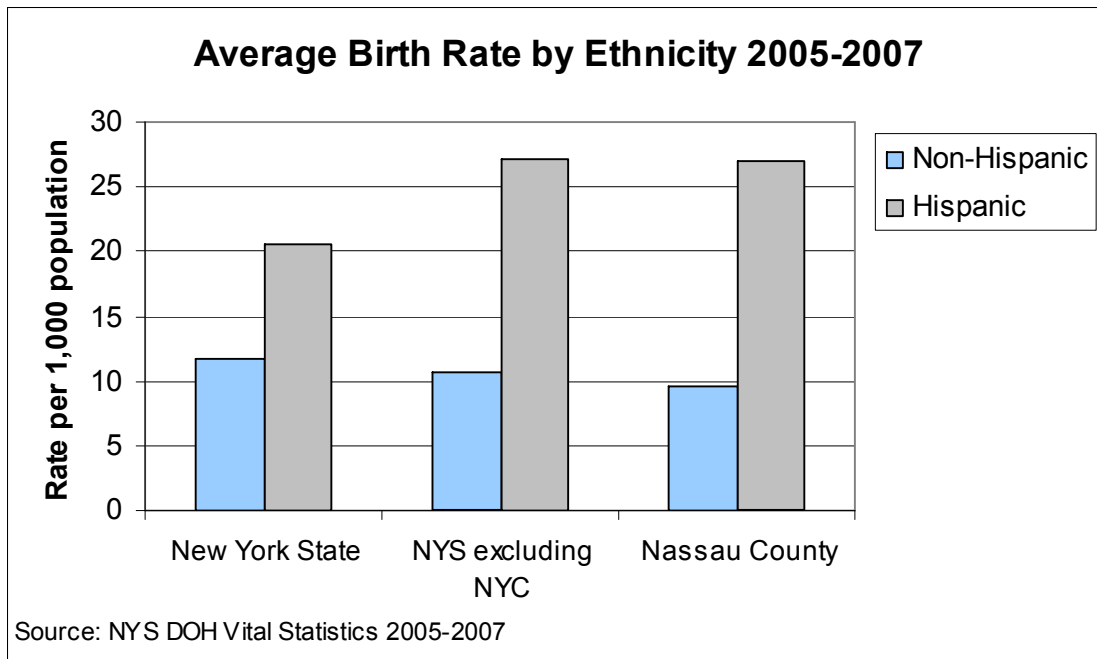
Perinatal/Family Planning - Birth



- The average birth rate in NC is lower than that observed in both NYS and NYS excluding NYC.

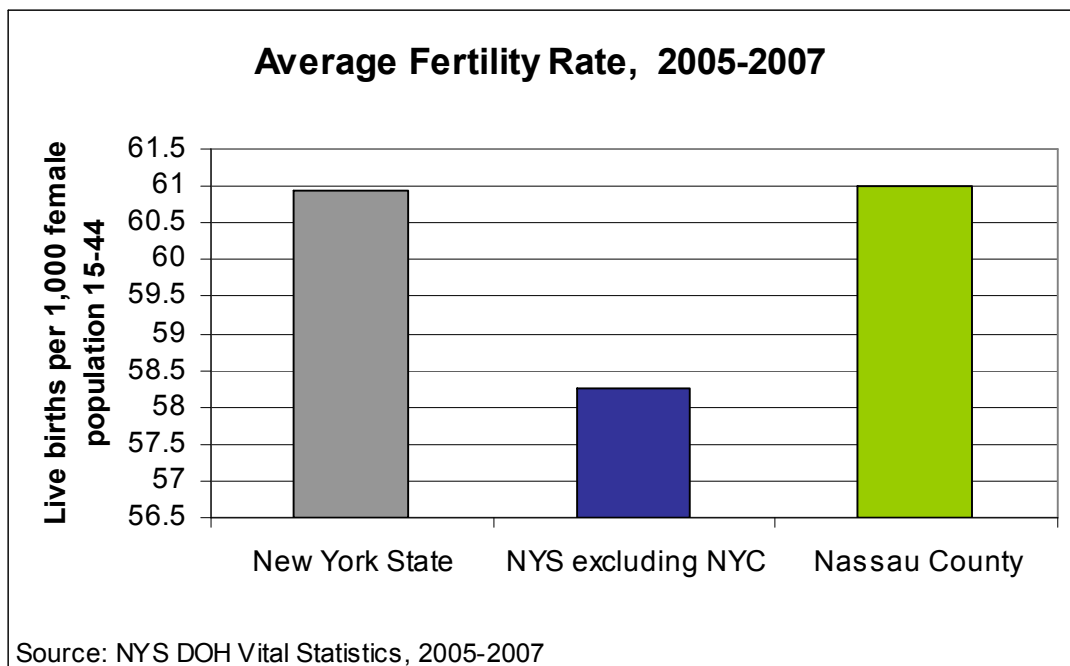


- In NC, NYS, and NYS excluding NYC, the average birth rate is greater in blacks compared to whites.

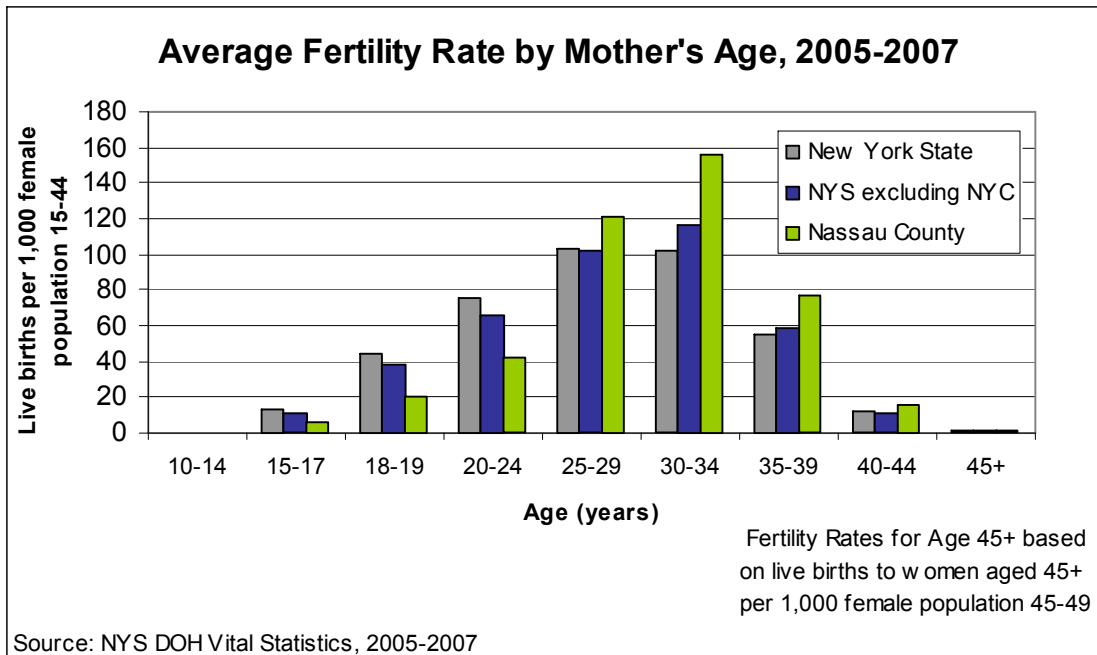


- In NC, NYS, and NYS excluding NYC, the average birth rate is greater in Hispanics compared to non-Hispanics.

Perinatal/Family Planning - Fertility

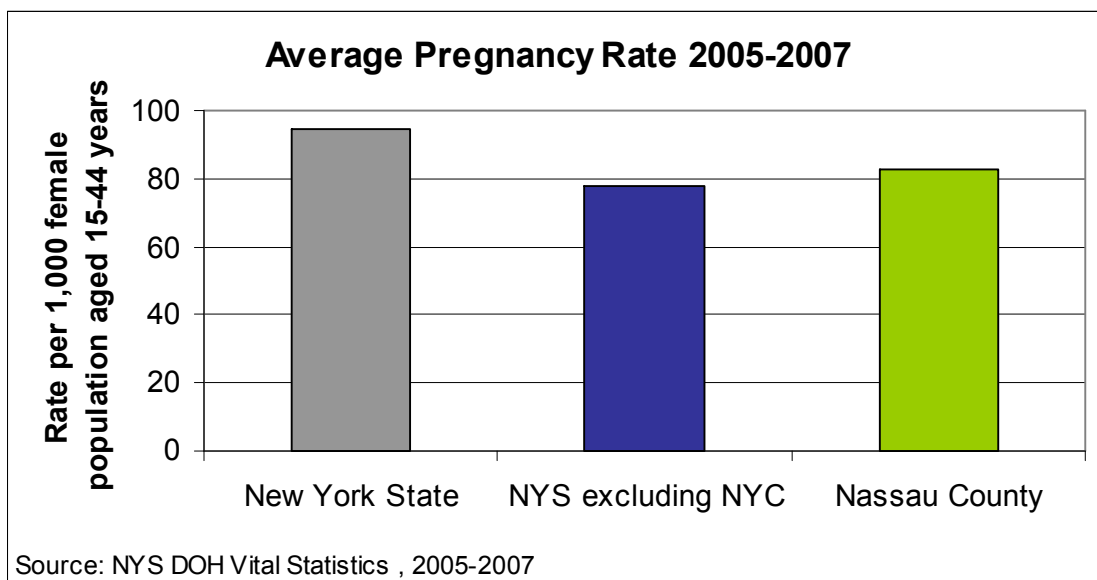


- The average birth rate in NC is similar to that observed in NYS.
- The average birth rate in NC is greater than that observed in NYS excluding NYC.

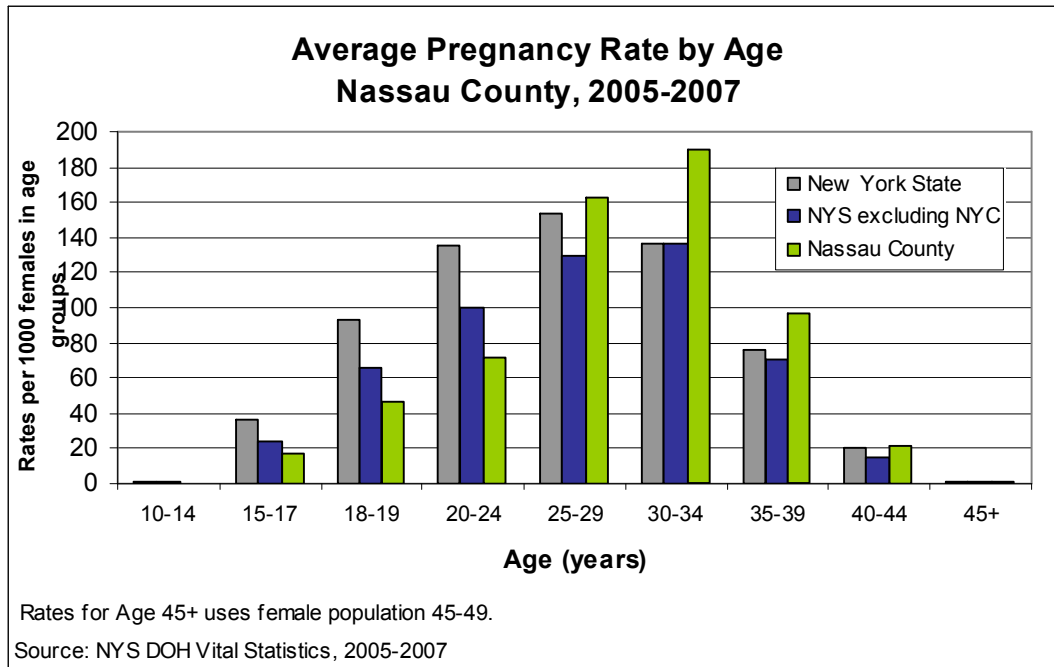


- In NC, NYS and NYS excluding NYC, the average fertility rate increases with age and peaks at 30-34 years.
- The average fertility rate among 15 to 24 year olds in NC is lower than that observed in NYS and NYS excluding NYC.
- The average fertility rate among women ≥ 25 years is greater in NC compared to both NYS and NYS excluding NYC.

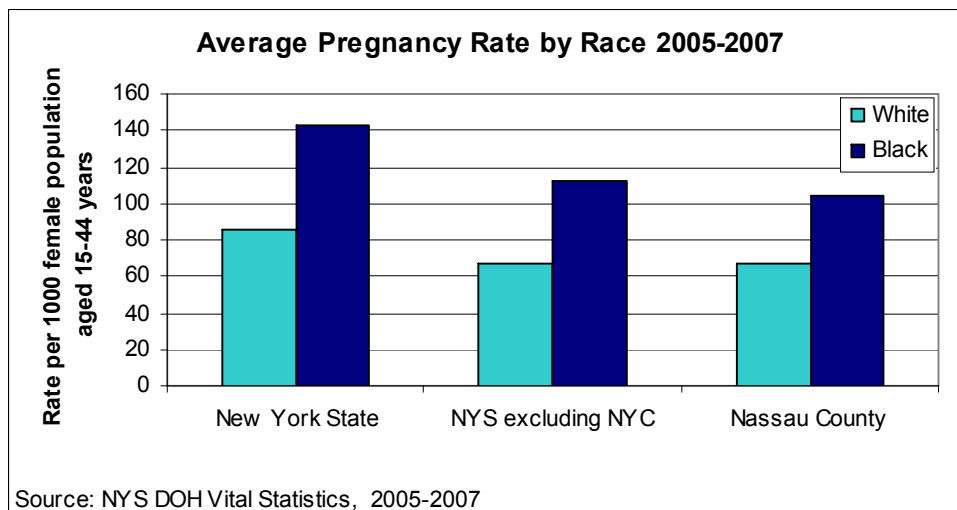
Perinatal/Family Planning - Pregnancy



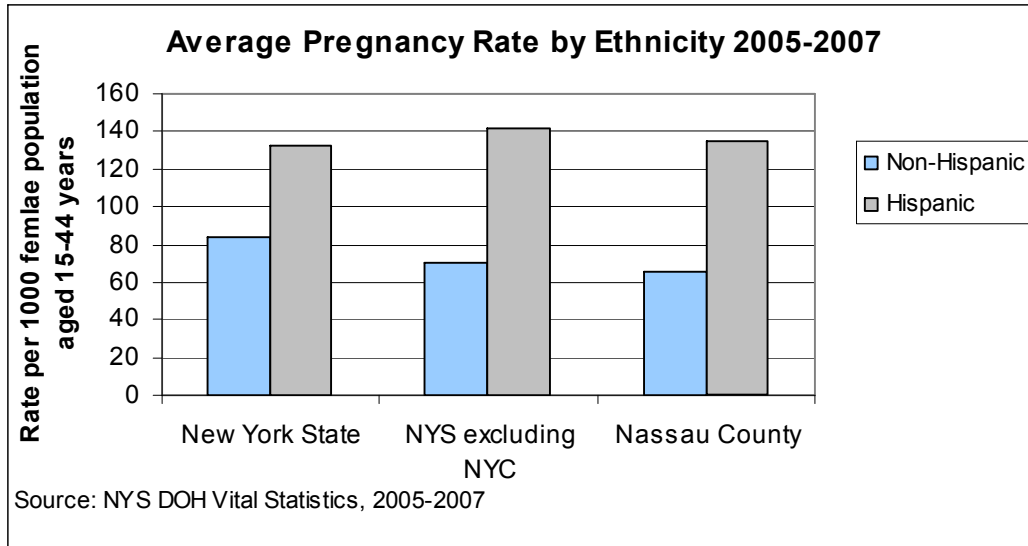
- The pregnancy rate in NC less than that observed in NYS.
- The pregnancy rate in NC is similar to that observed in NYS excluding NYC.



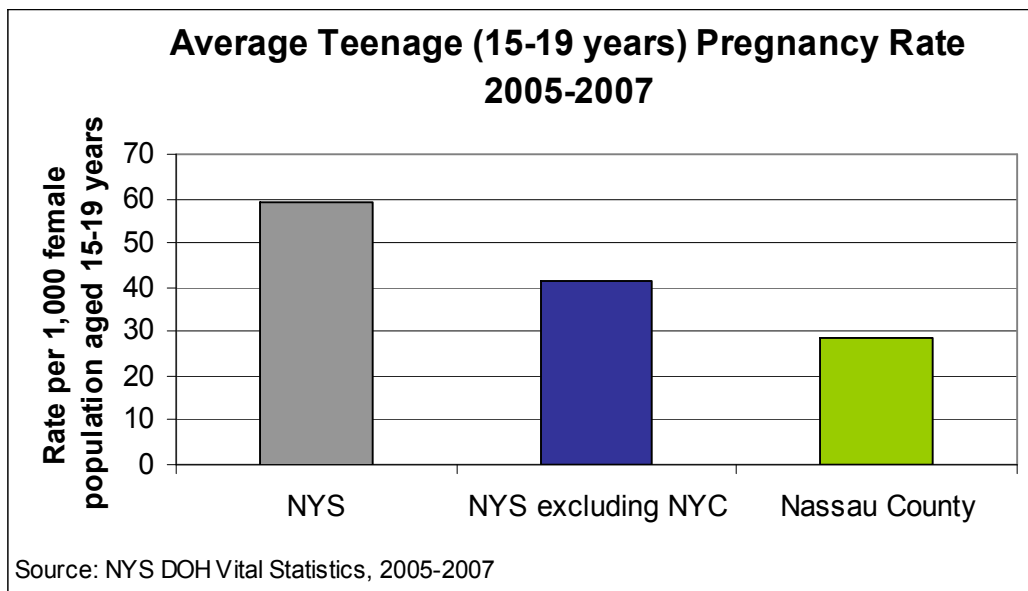
- In NC, NYS and NYS excluding NYC, the average pregnancy rate is highest among 30-34 year old women.



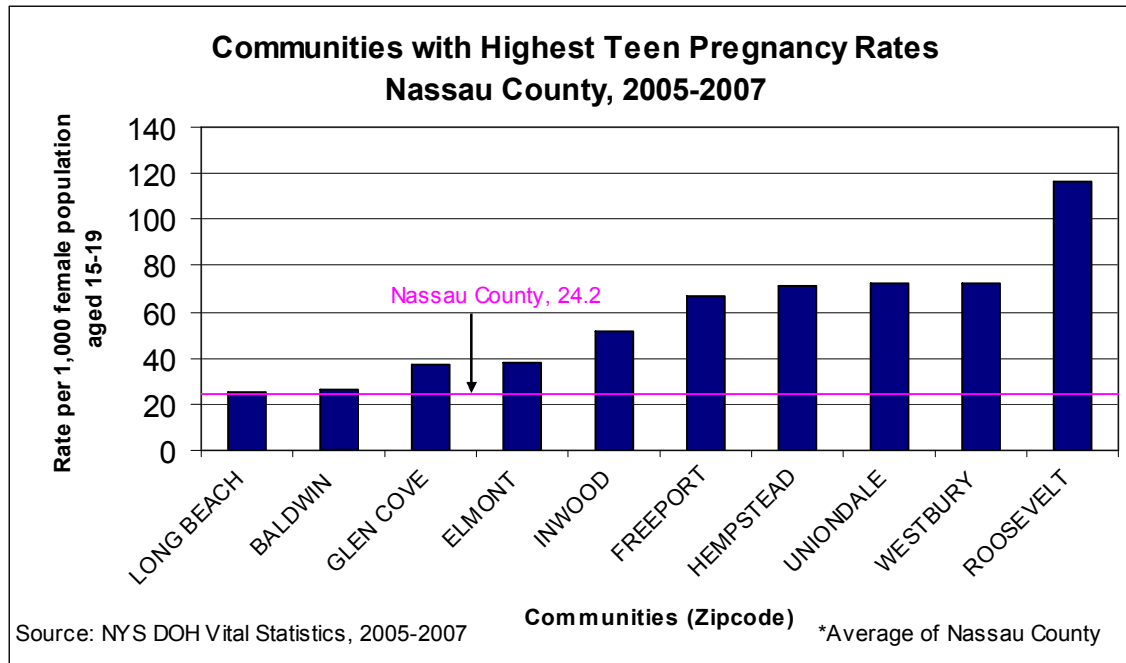
- In NC, NYS and NYS excluding NYC, the pregnancy rate among the blacks is higher compared to whites.



- The average pregnancy rate in NC, NYS and NYS excluding NYC is highest among Hispanics compared to non-Hispanics.

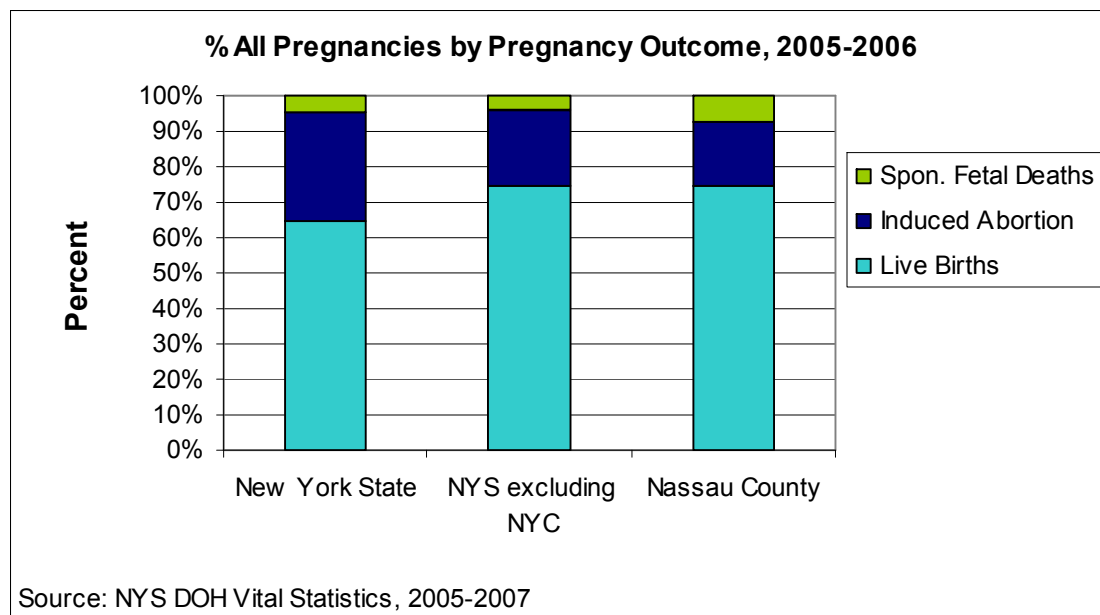


- The average teenage pregnancy rate is lower in NC compared to NYS and NYS excluding NYC.

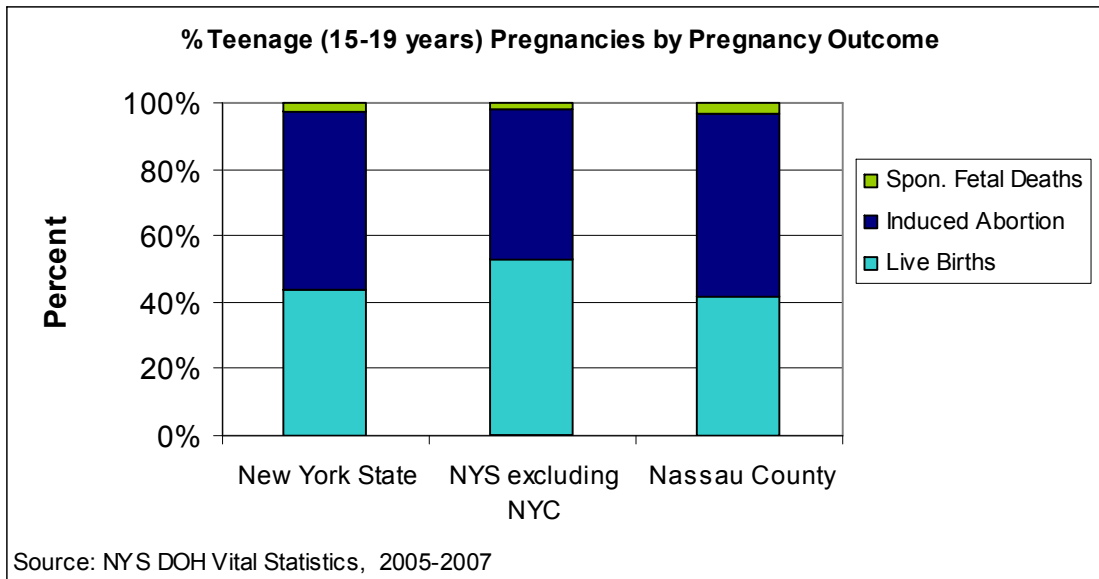


- The teenage pregnancy rate in several communities substantially exceeds the average NC teenage pregnancy rate.
- The average teenage pregnancy rate in the community of Roosevelt is highest compared to other NC communities.

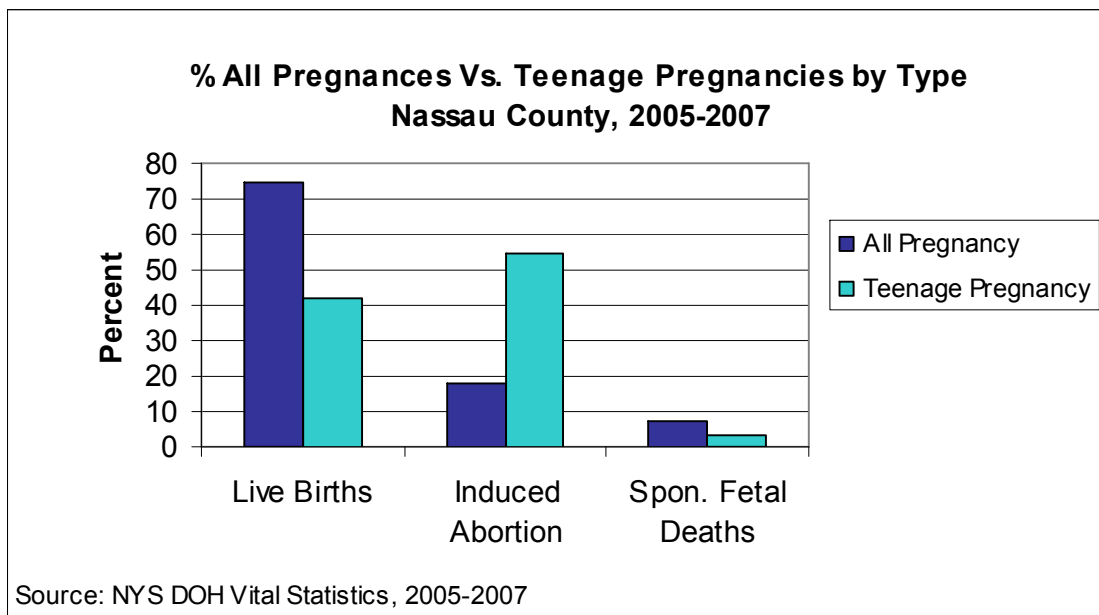
Perinatal/Family Planning - Pregnancy Outcomes



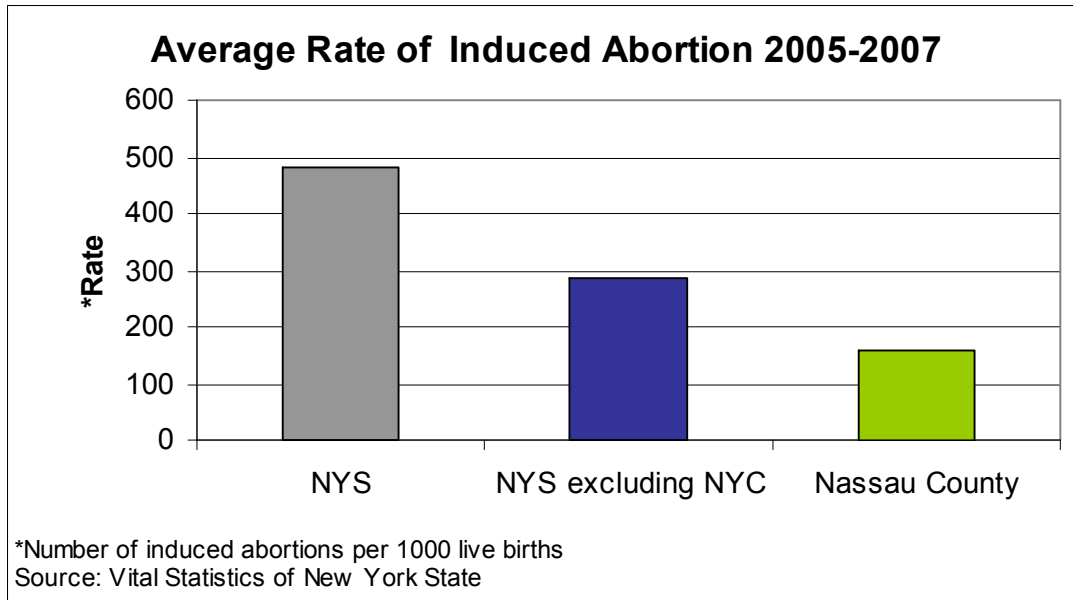
- Most pregnancies in NC, NYS and NYS excluding NYC, end in live births.



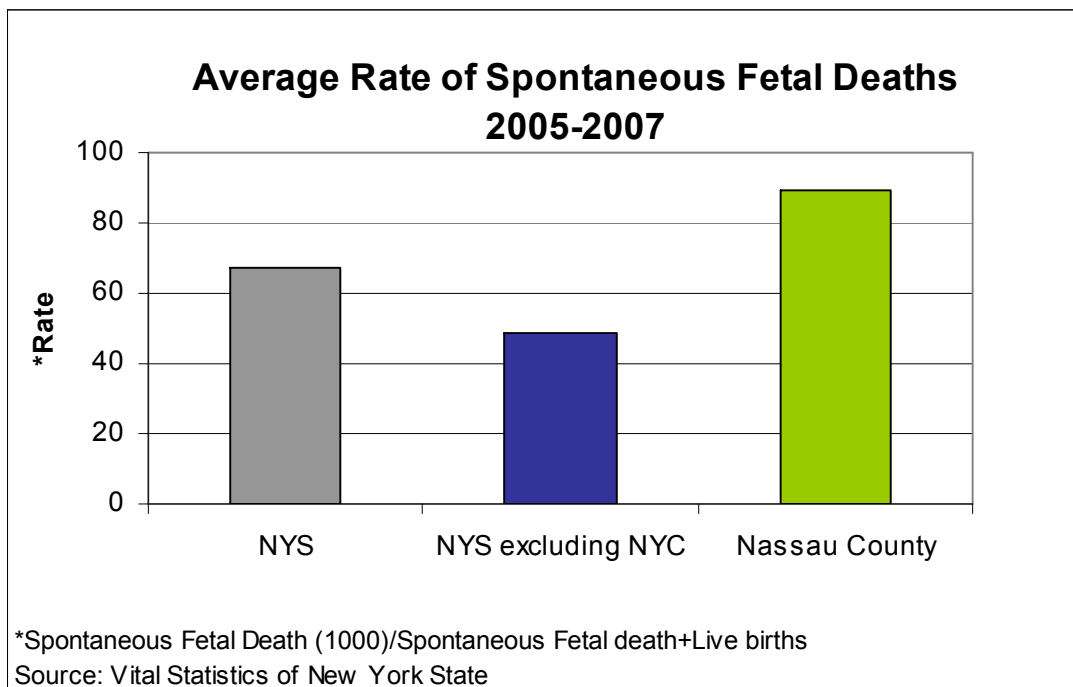
- Most teenage pregnancies in NC and NYS end in induced abortion.
- In NYS excluding NYC, more teenage pregnancies end in live births.



- In NC, induced abortions account for a greater percentage of outcomes in teenage pregnancies compared to all pregnancies.
- In NC, live births account for a greater percentage of outcomes in all pregnancies.

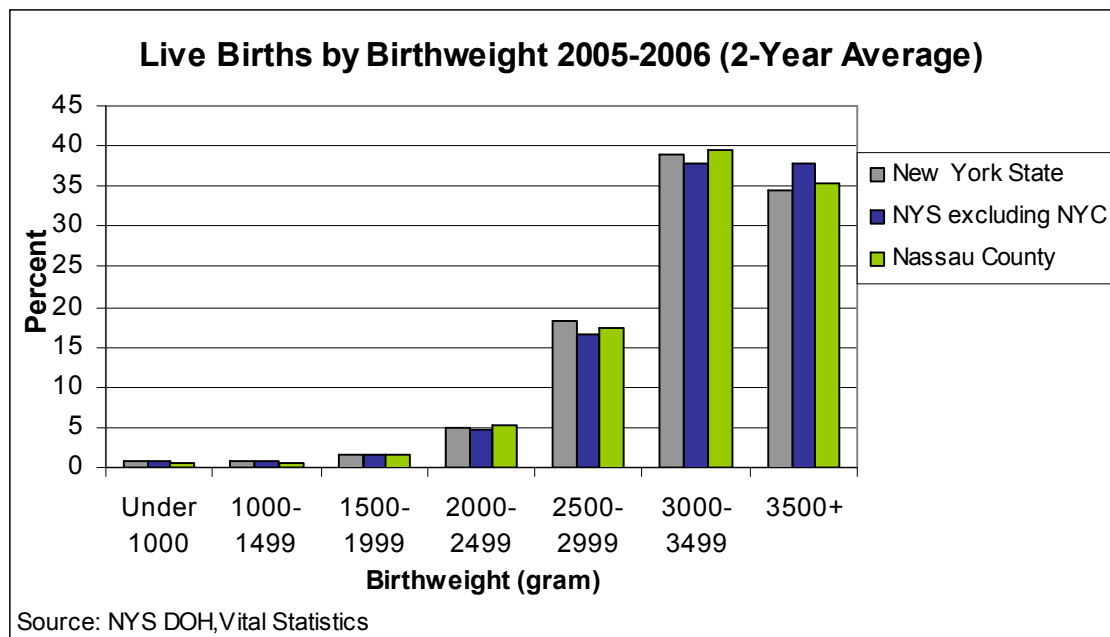


- The average rate of induced abortion in NC is less than NYS and NYS excluding NYC.

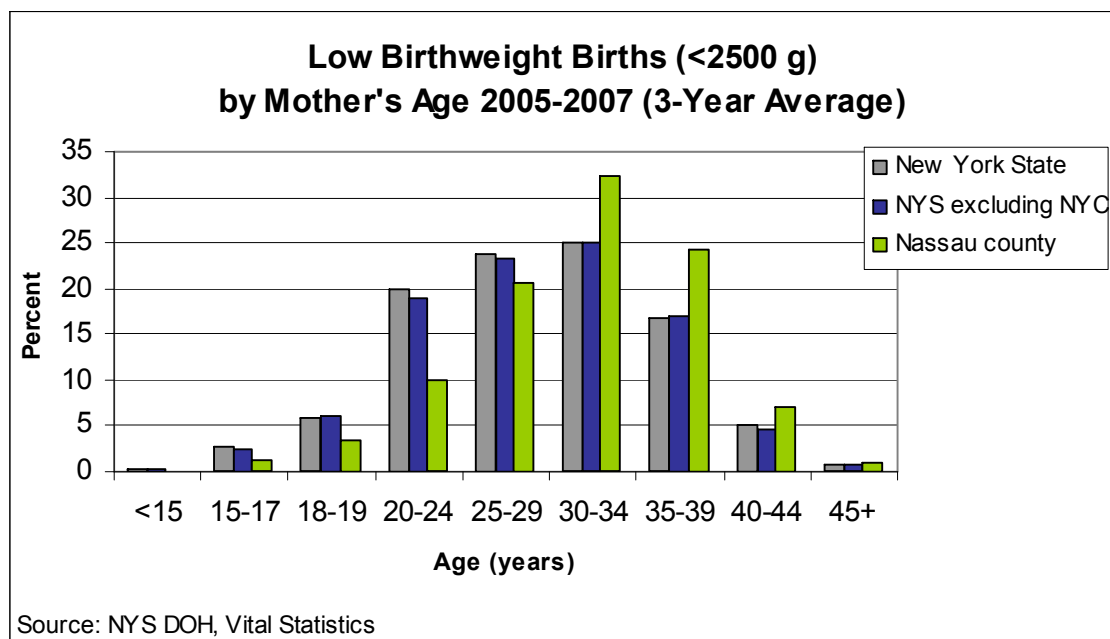


- The average rate of spontaneous fetal deaths is greater in NC compared to that observed in NYS and NYS excluding NYC.

Perinatal - Birthweight

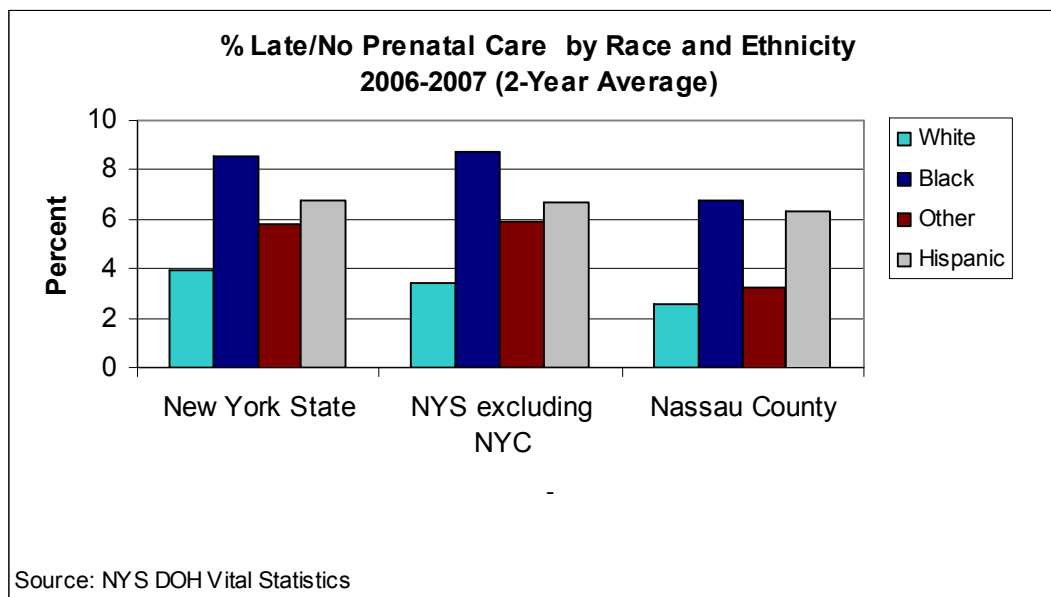
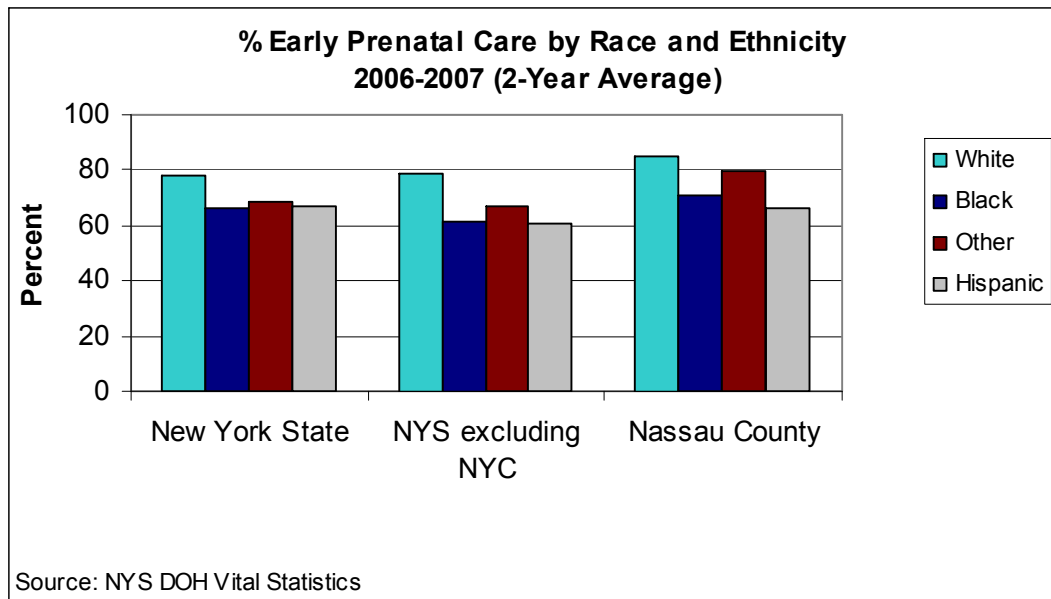


- In NC, NYS and NYS excluding NYC, most babies born weigh more than 3000 grams.



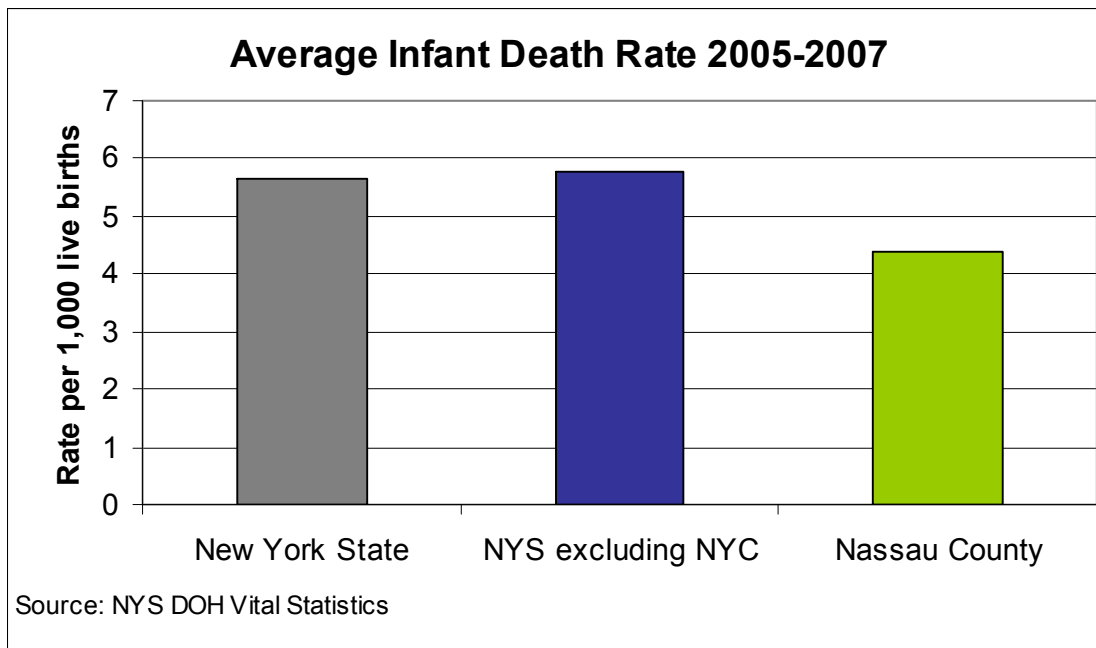
- In NC, NYS, and NYS excluding NYC, low birthweight births are more prevalent among women ages 30-34 year old.
- NC has a greater percent of low birthweights compared to NYS and NYS excluding NYC, among women 30 years and older.

Perinatal/Family Planning - Prenatal Care



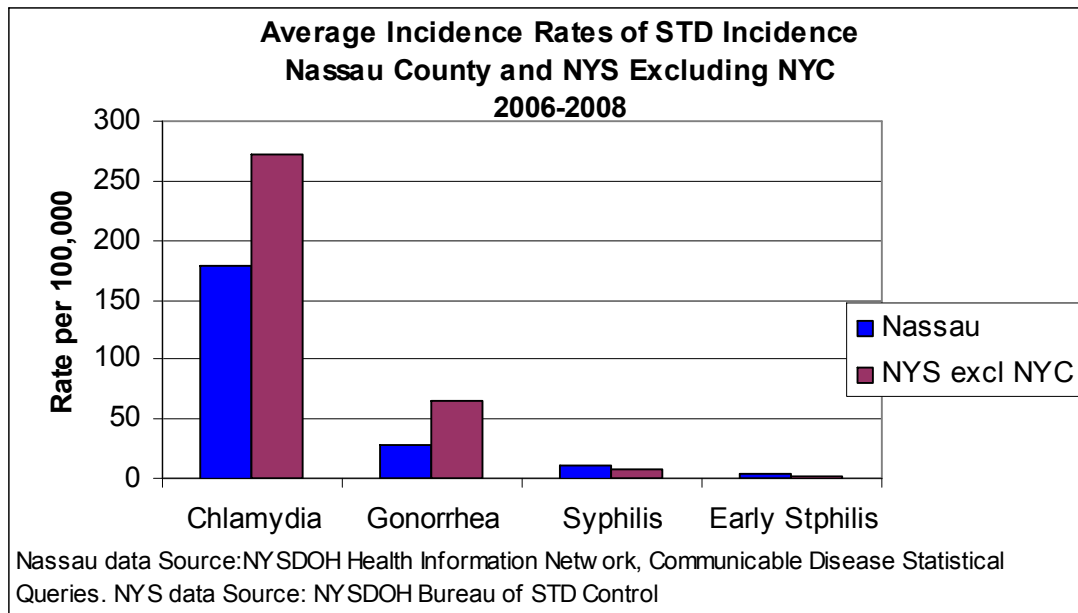
- In NYS and NYS excluding NYC, blacks seek prenatal care late compared to Hispanics.
- In NC, blacks seek prenatal care at a similar rate compared to Hispanics.
- In NC, NYS, and NYS excluding NYC, whites seek prenatal care early.

Perinatal - Infant Death Rate



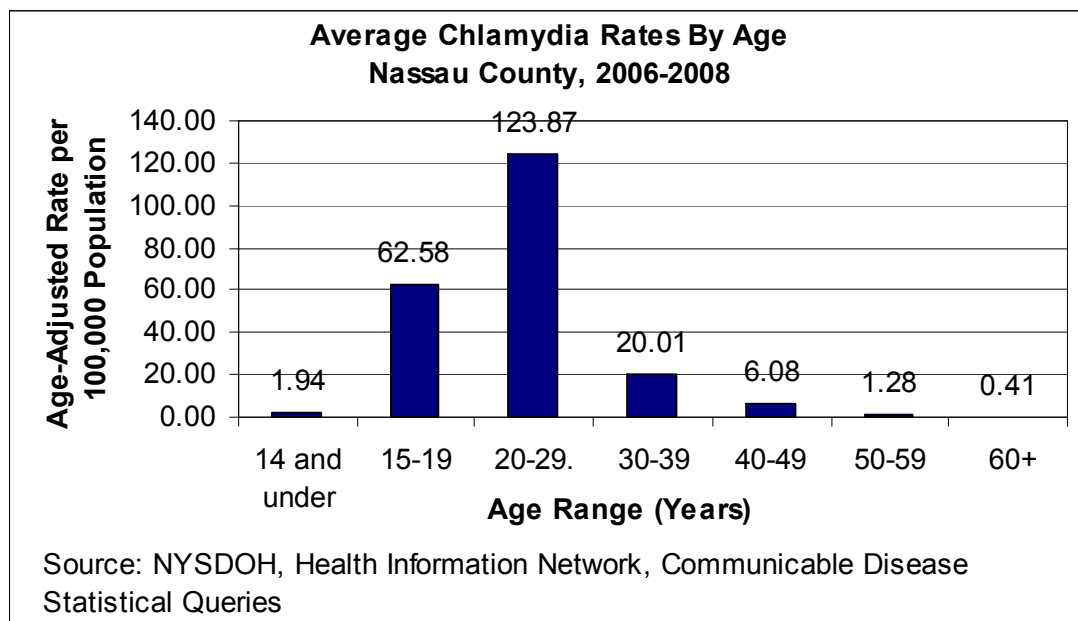
- The latest national infant death rate is 6.83 per 100,000 (2003-2005), greater than that observed in NC (4.4), NYS (5.6) and NYS excluding NYC (5.8) for the years 2005-2007.
- The average infant death rate in NC is less than that observed in NYS and NYS excluding NYC.
- Communities cannot be stratified as frequency counts are too low and therefore statistically unstable.

Sexually Transmitted Diseases

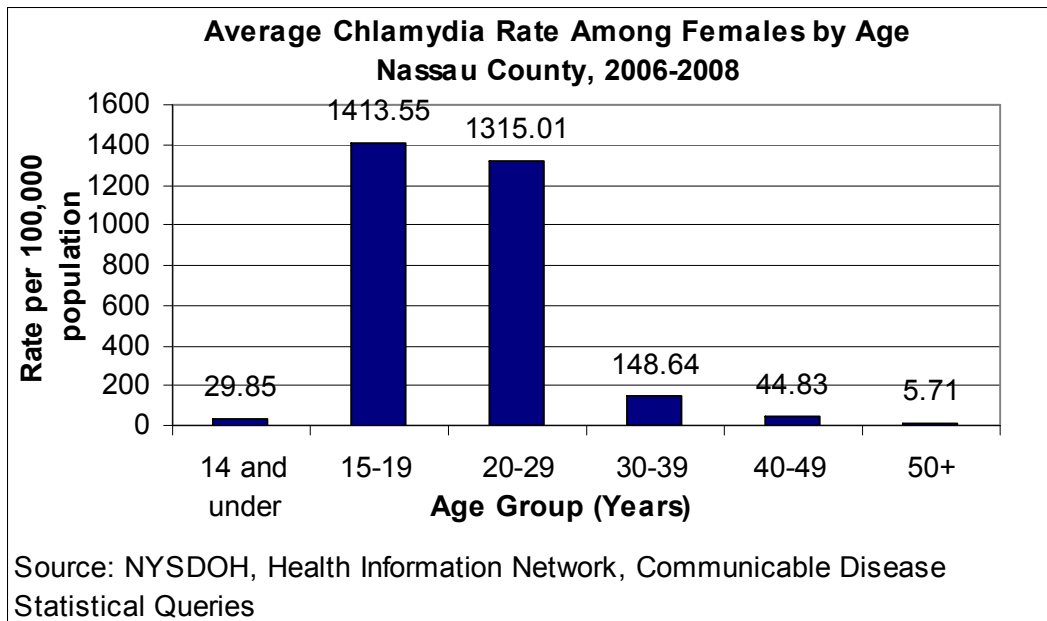


(NYC 2008 data was not yet available at time of analysis).

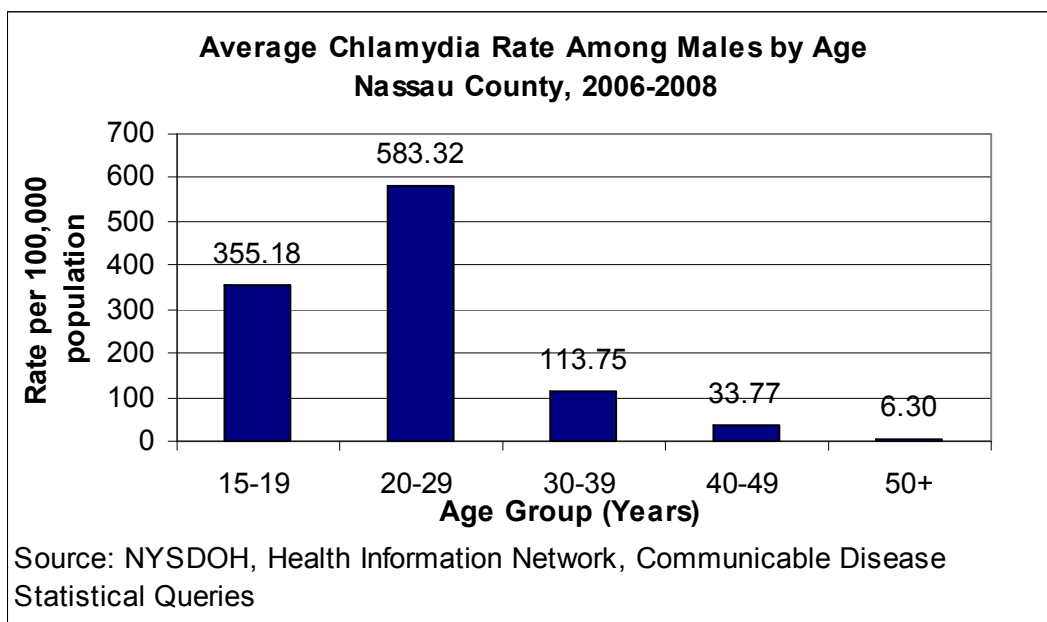
Chlamydia



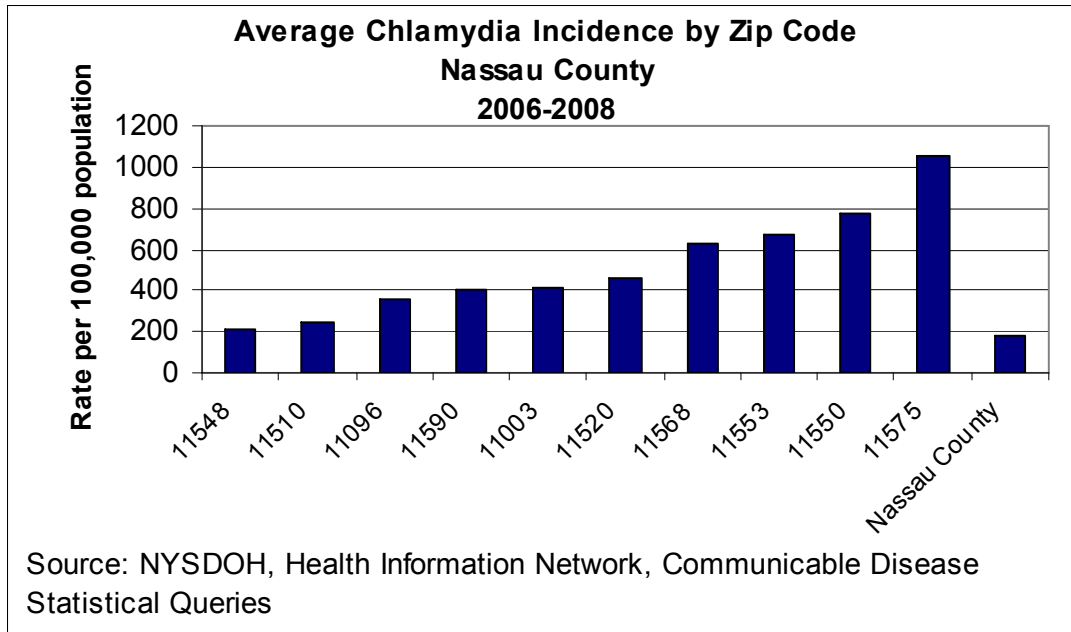
- In NC, 20-29 year olds have the highest age-adjusted chlamydia rates, followed by 15-19 year olds.



- Among females in NC, 15-19 year olds have the highest rate of chlamydia, followed closely by 20-29 year olds.

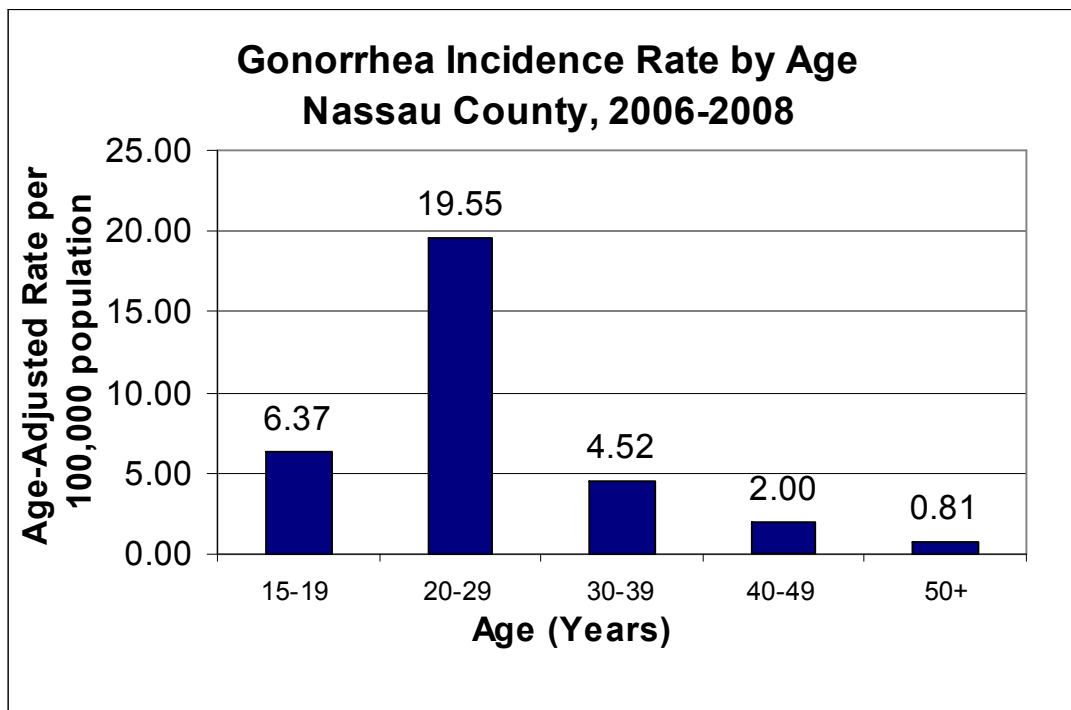


- Among males in NC, 15-19 year olds have the highest rate of chlamydia, followed closely by 20-29 year olds.

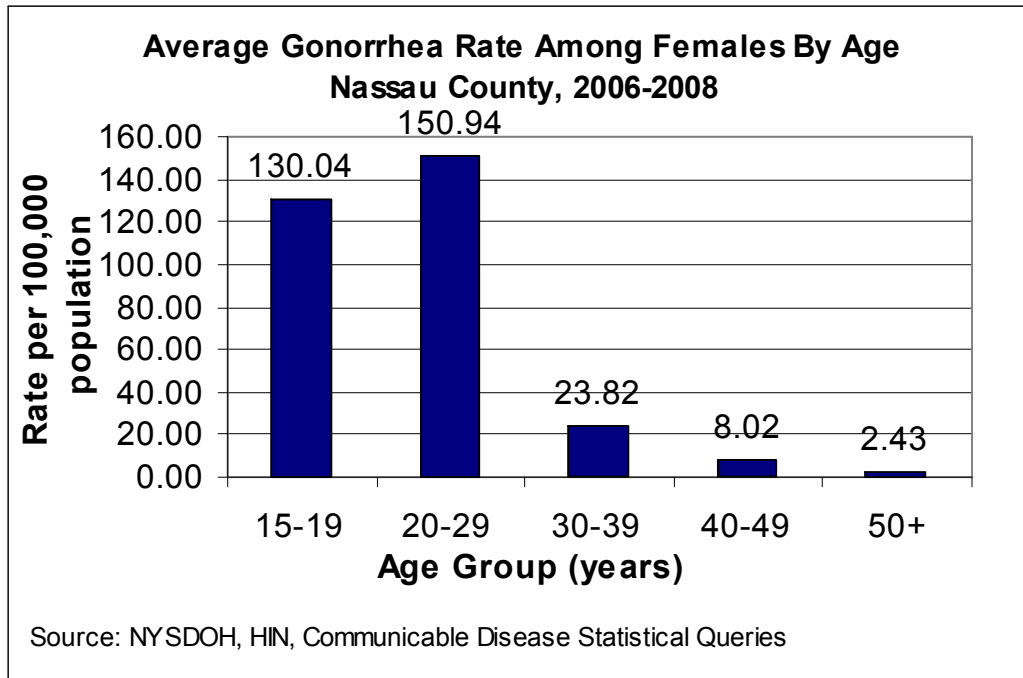


- Roosevelt (11575) and Hempstead (11550) have the highest chlamydia rates in NC.

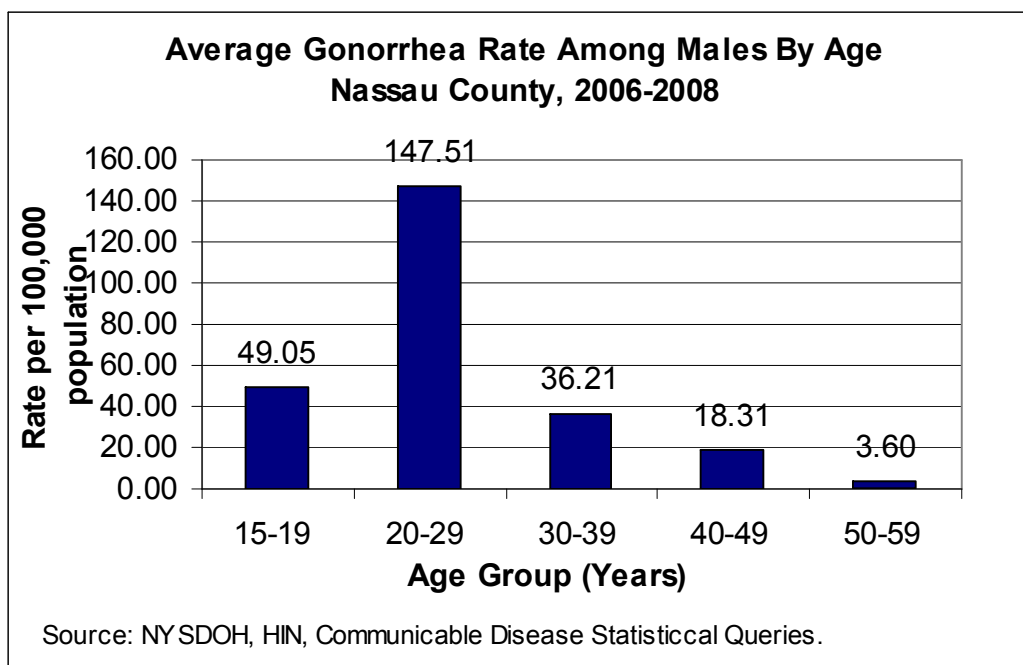
Gonorrhea



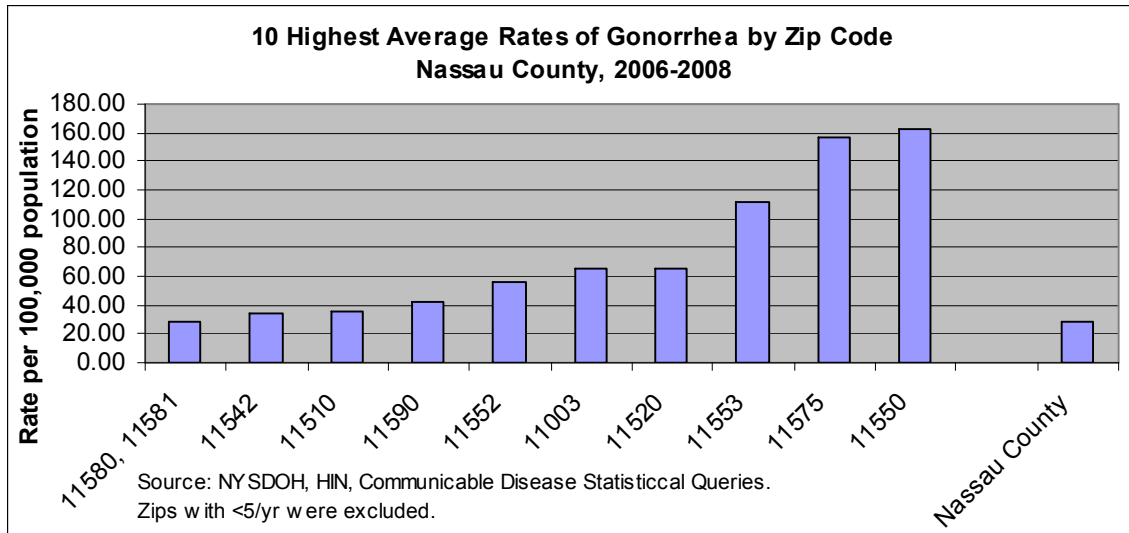
- In NC, 20-29 year olds have the highest age-adjusted gonorrhea rates, followed by 15-19 year olds.



- Among females in NC, 20-29 year olds have the highest rate of gonorrhea, followed closely by 15-19 year olds.

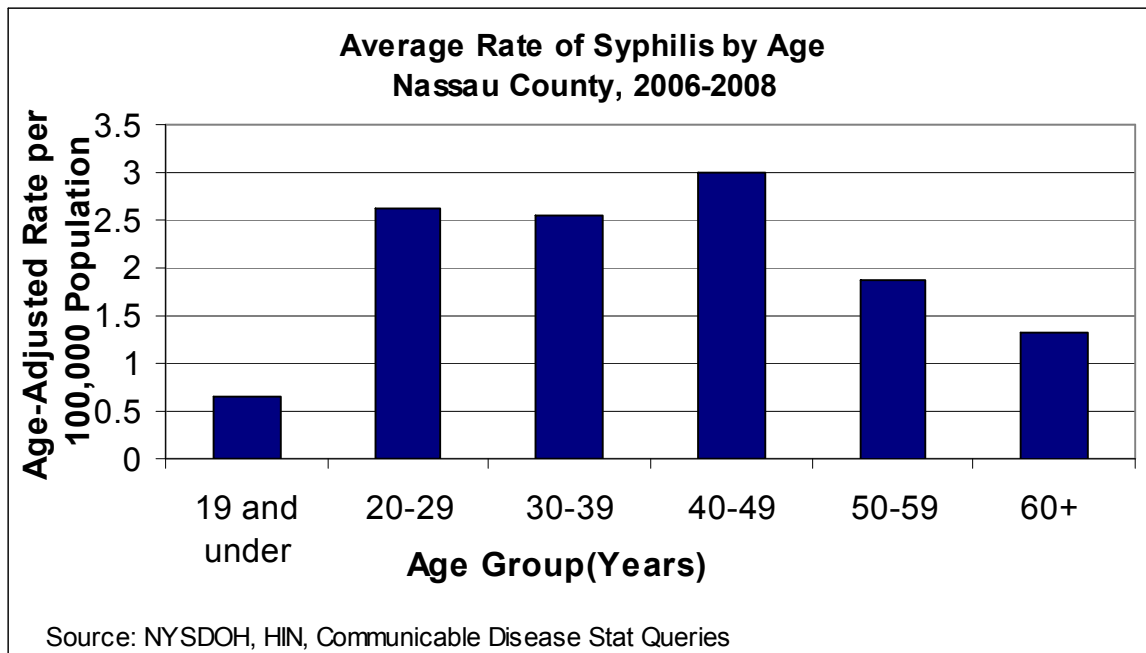


- Among males in NC, 20-29 year olds have drastically higher rates of gonorrhea compared to other age groups.

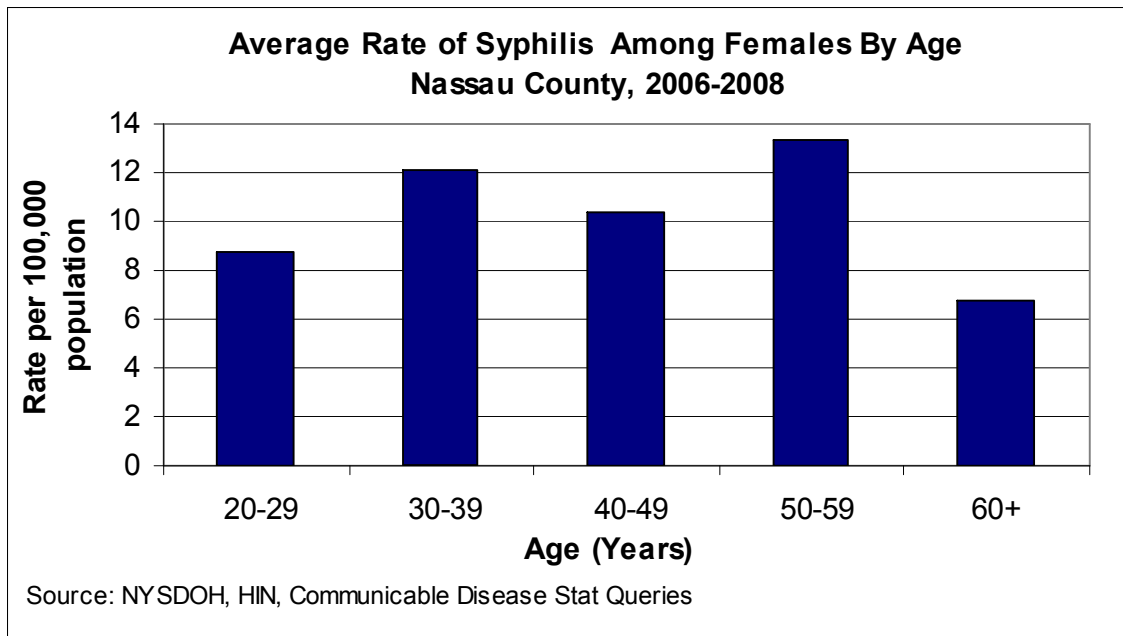


- Roosevelt (11575) and Hempstead (11550) have the highest gonorrhea rates in NC, almost 8 times higher than the overall county rate.

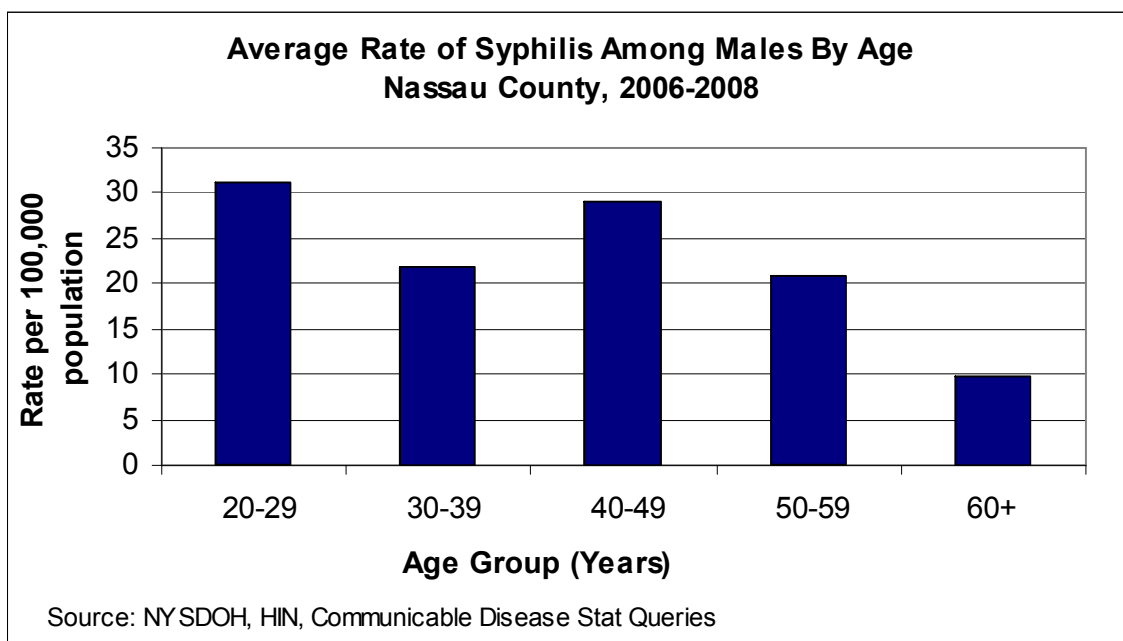
Syphilis



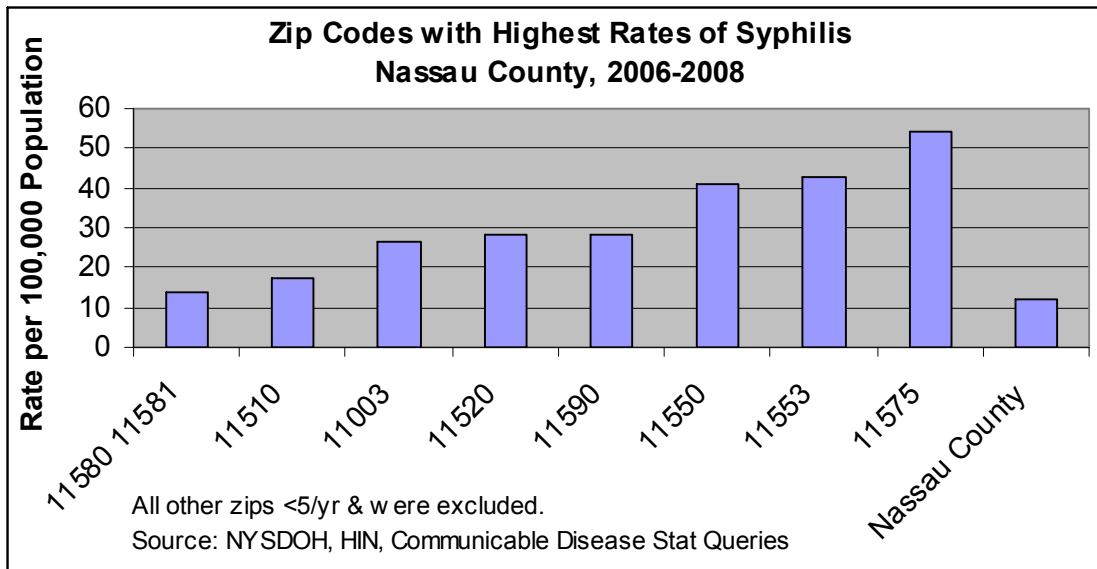
- In NC, 40-49 year olds have the highest age-adjusted syphilis rates, followed by 20-29 year olds.



- Among females in NC, 50-59 year olds have the highest syphilis rates.

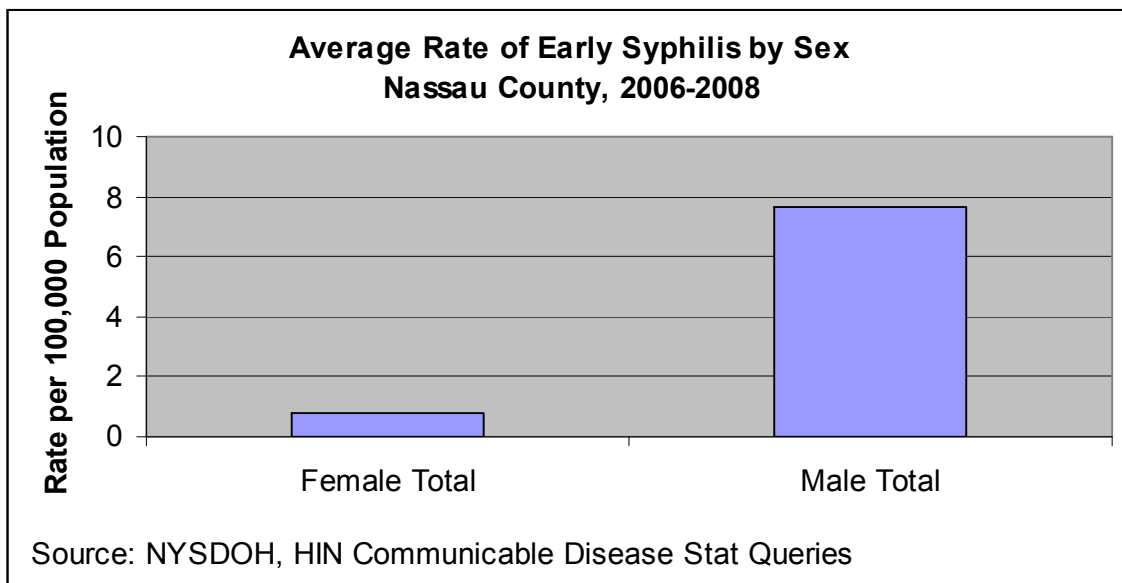


- Among males in NC, 20-29 year olds have the highest rate of syphilis, followed closely by 40-49 year olds.

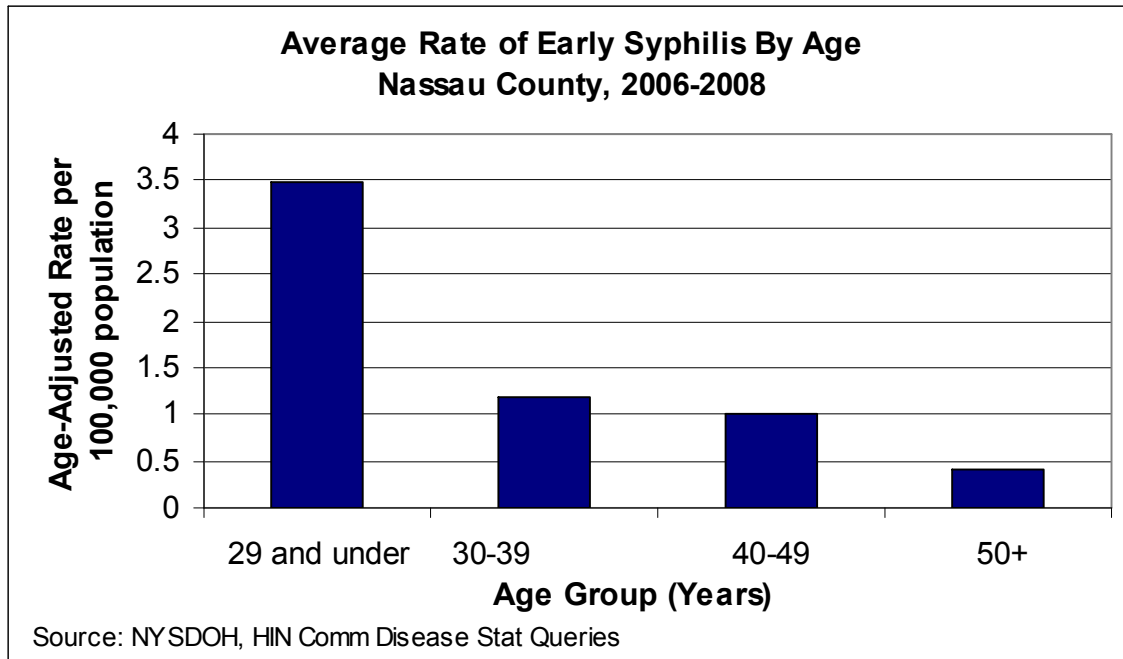


- Roosevelt (11575) has the highest syphilis rate in NC, almost 8 times higher than the overall county rate.

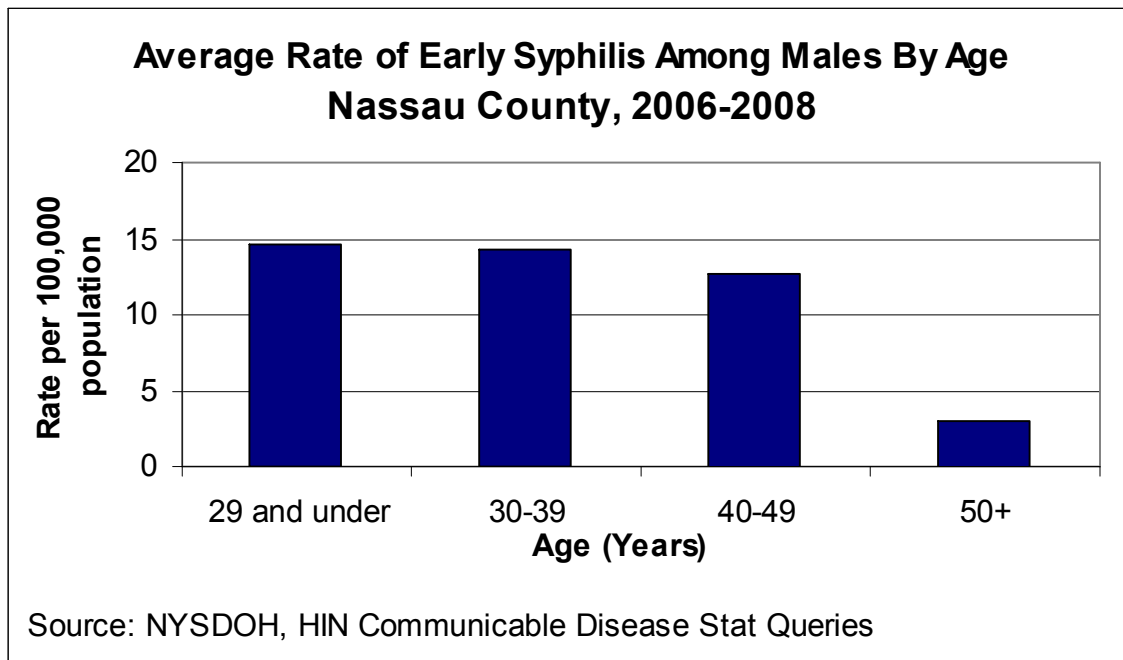
Early Syphilis



- In NC, the early syphilis rate is much higher among males than females.



- In NC, those 29 years and younger have the highest age-adjusted early syphilis rate.

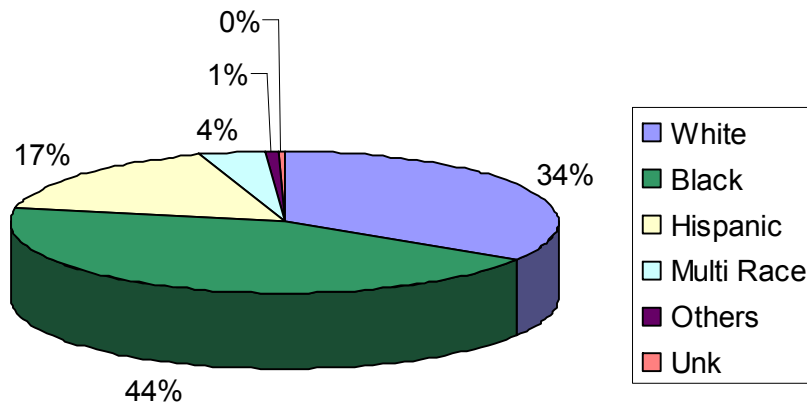


- Among males in NC, those under 50 years of age have higher rates of early syphilis than that observed in their older counterparts.
- There were not enough early syphilis cases among females to stratify by age.
- There were not enough early syphilis cases to stratify by zip code.

HIV/AIDS

- In NC, incident rates of persons living with HIV/AIDS vary from community to community, but are highest in Roosevelt (11575) and Hempstead (11550).

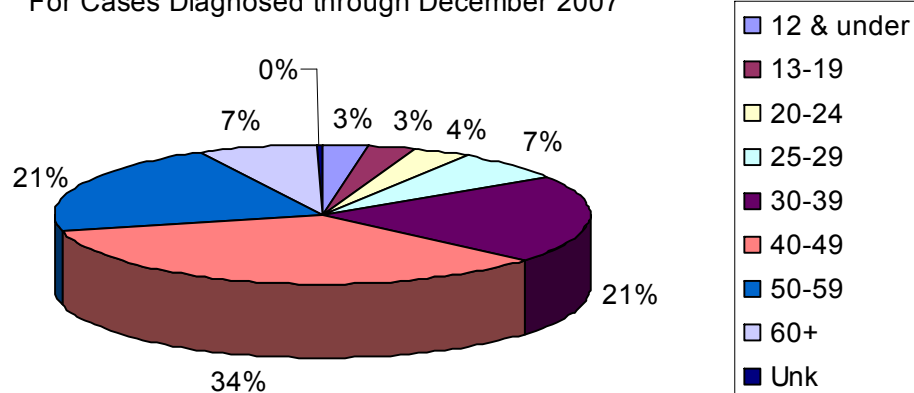
**Living HIV and AIDS Cases by Race and Ethnicity
Nassau County
For Cases Diagnosed through December 2007**



Source: New York State HIV/AIDS County Surveillance Report (Excludes State Prison Inmates), Bureau of HIV/AIDS Epidemiology, NYSDOH June 2009. Data as of April 2009

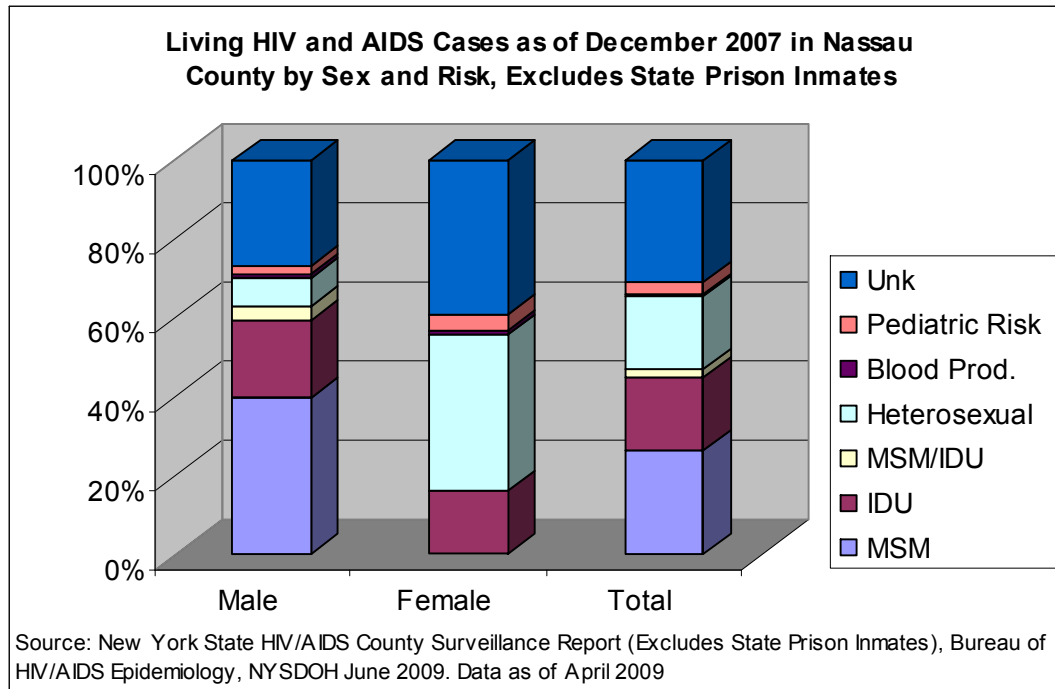
- Among those living HIV and AIDS cases in NC, blacks make up the largest proportion of cases, followed by whites and then Hispanics.

**Living HIV and AIDS Cases by Age, Nassau County
For Cases Diagnosed through December 2007**

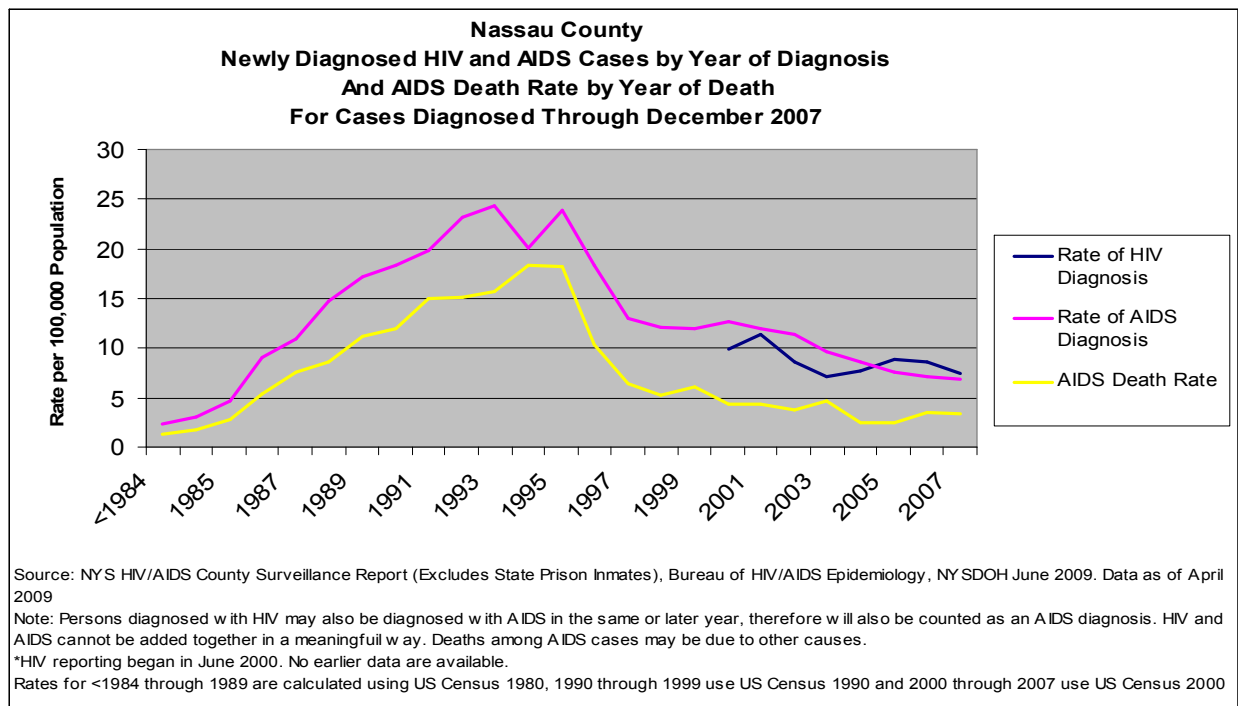


Source: New York State HIV/AIDS County Surveillance Report (Excludes State Prison Inmates), Bureau of HIV/AIDS Epidemiology, NYSDOH June 2009. Data as of April 2009

- Among those living HIV and AIDS cases in NC, those 40-49 years old make up the largest proportion of cases

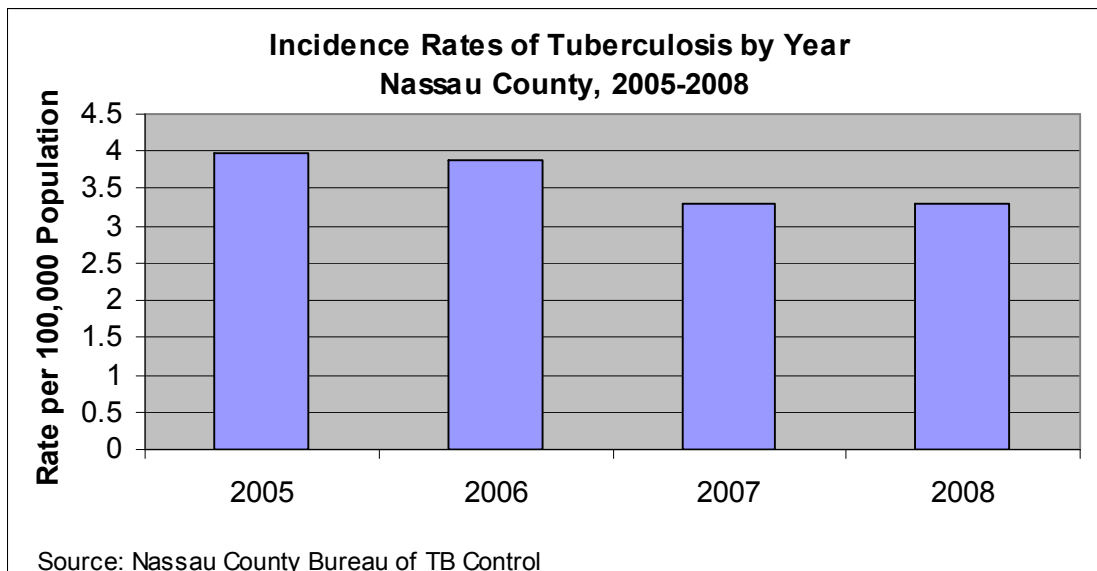


- Among NC males living with HIV and AIDS, MSM is the most common known risk factor.
- Among NC females living with HIV and AIDS, heterosexual sex is the most common known risk factor.

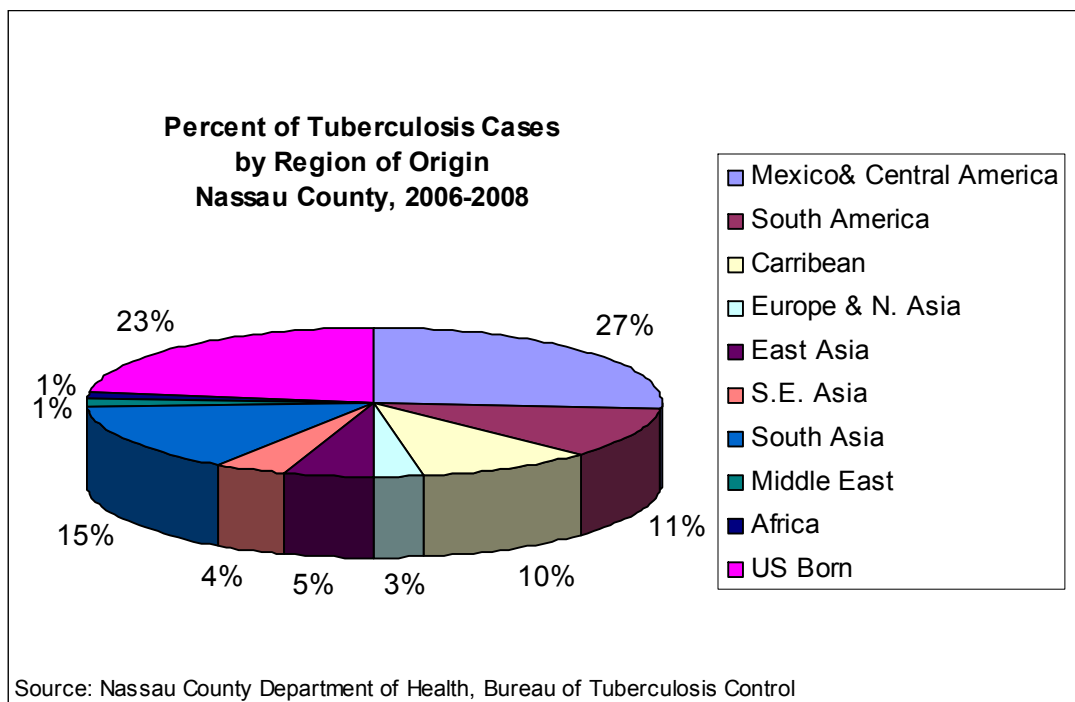


- In NC, the rates of AIDS diagnoses and death peaked in the mid 1990's.
- In NC, the rate of HIV diagnosis has remained similar since reporting began in 2000.

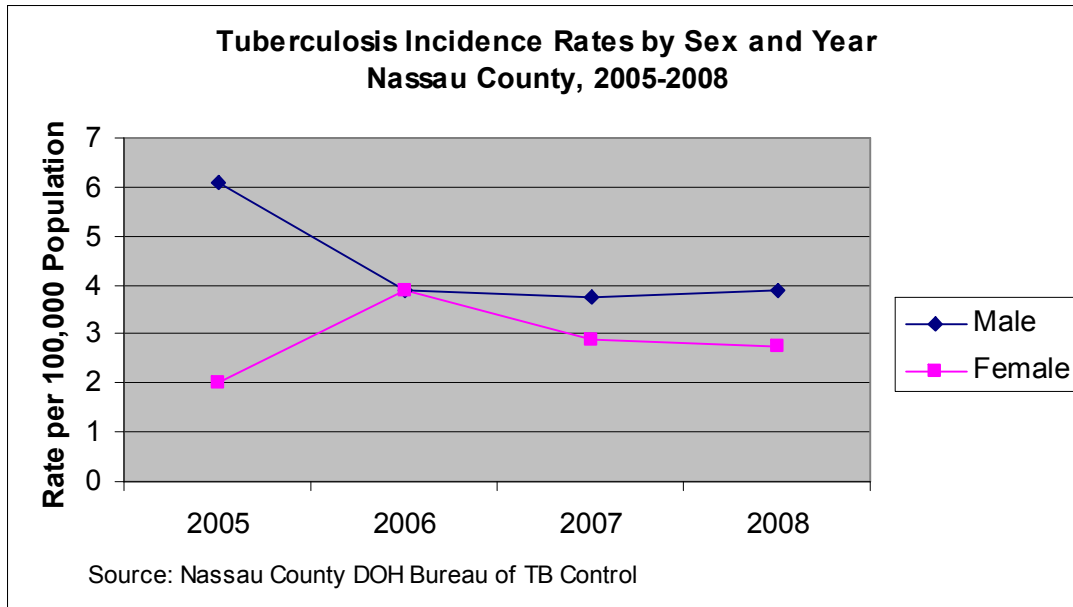
Tuberculosis



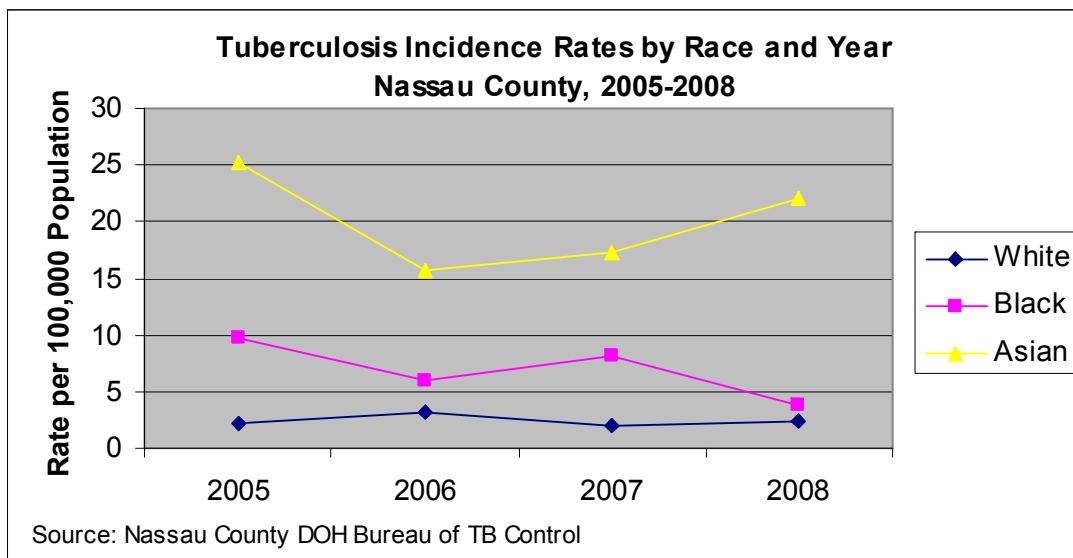
- In NC, tuberculosis incidence rates have decreased slightly over the past four years.



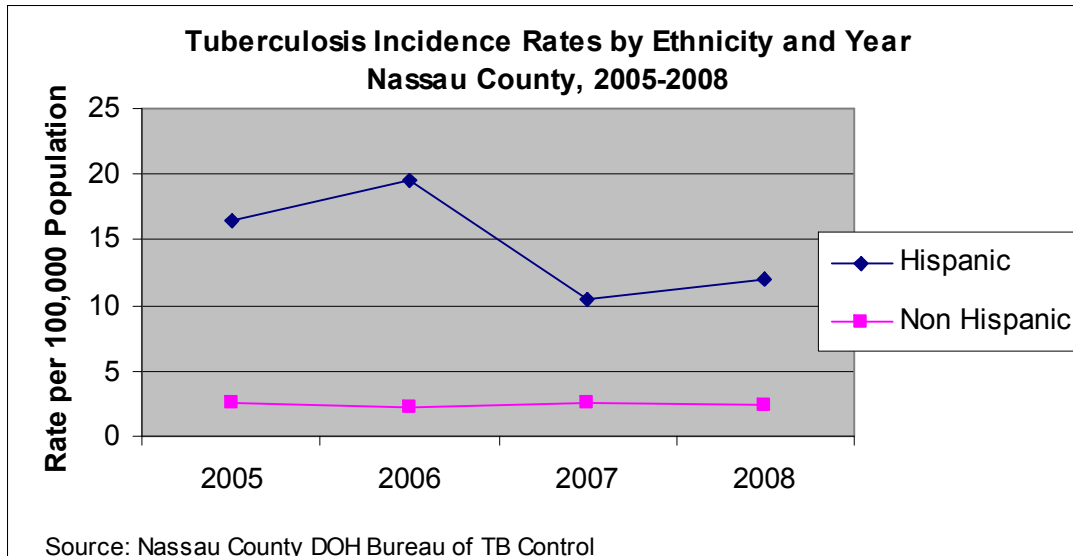
- Individuals from Mexico and Central America make up the largest proportion of tuberculosis cases reported from 2006-2008.



- In NC, the incidence of tuberculosis is slightly greater among males than females.

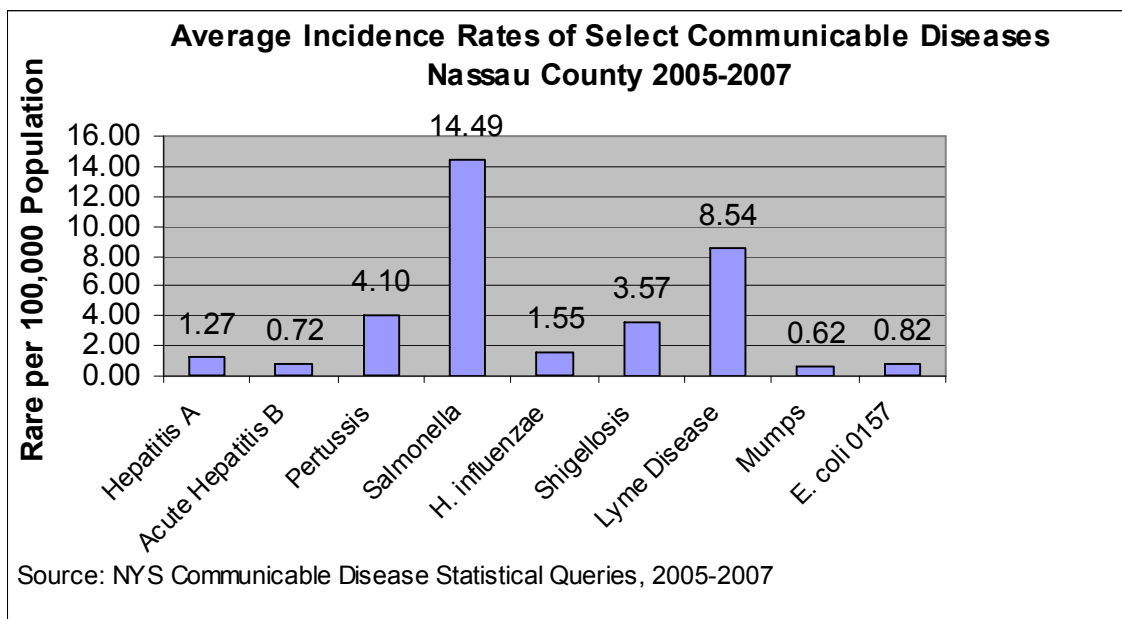


- In NC, Asians have higher incidence rates of tuberculosis compared to blacks and whites.



- In NC, Hispanics have higher incidence rates of tuberculosis than non-Hispanics.
- There were not enough tuberculosis cases to stratify by zip code.

Other Communicable Diseases



Lead

The data below describe NC and NYS rates of screening and elevated blood lead levels. The data is preliminary and supplied by the New York State Department of Health (NYSDOH) Lead Program.

Elevated blood lead levels (≥ 10 mcg/dL) for NC can not be stratified by zip code for various reasons.

1. The numbers are too small (average < 5 per year) to maintain confidentiality.
2. The numbers are too small to calculate stable rates.
3. The numbers are too small to determine statistical significance and therefore make assumptions regarding differences between zip codes.

Summary of Key Findings from the 2006 Nassau County Behavioral Risk Factor Surveillance Survey

In 2006, NCDOH conducted a countywide Behavioral Risk Factor Surveillance Survey (BRFSS) to collect information on health risk behaviors, preventive health practices, and health care access and to target local areas of need and evaluate the effectiveness of public health/health care initiatives.

Although previous BRFSS projects at the national and state level include data obtained from Nassau residents, dependable information about the county and its individual communities could not be drawn from those conducted prior to 2006. The NC BRFSS consisted of 141 questions on a variety of health conditions and risk behaviors. The complete report, including a discussion on its methodology, can be obtained at <http://www.nassaucountyny.gov/agencies/Health/documents/NassauBRFSSFinal.pdf>

The table depicts prevalence values for the county, state and nation; demographic characteristics for which there were significant differences; and significant findings between county jurisdictions, New York State and the nation.

	Nassau	New York	US	Statistically Significant Geographic Findings
Health Conditions				
Cardiovascular Disease (Stoke, angina, and heart attack): Lifetime Prevalence	7.7%	n/a	n/a	<ul style="list-style-type: none"> Those > 65 years more likely to report cardiovascular disease than those 25-64 years. Those 55-64 years more likely to report cardiovascular disease than those 25-54 years. Whites more likely to report cardiovascular disease than Blacks. Those with a high school education more likely to report cardiovascular disease than those with some college education. Those making < \$25,000 more likely to report cardiovascular disease than those making at least \$75,000.
High Blood Pressure: Lifetime Prevalence	23.8%	25.5%	25.5%	<ul style="list-style-type: none"> Lifetime high blood pressure prevalence increased with each consecutive age group starting with 25-34 year olds. Whites and Blacks had higher lifetime prevalence than Hispanics. High school graduates had higher lifetime prevalence than college graduates. Those with incomes > \$75,000 had lower lifetime prevalence than those making between \$35,000 and \$49,999 and between \$15,000 and \$24,999.
Diabetes: Lifetime Prevalence	7.8%	8.1%	7.3%	<ul style="list-style-type: none"> Those 55-64 reported higher lifetime prevalence of diabetes than all younger age groups. College graduates reported lower lifetime prevalence than those with less than high school education. Those making < \$15,000 reported higher lifetime prevalence than those making more than \$75,000.
Diabetes Control: Recommended A1C Testing among diabetics	78.0%	n/a	n/a	<ul style="list-style-type: none"> Hempstead Village/Uniondale residents were less likely to report A1C testing than residents in the Town of Oyster Bay, the Town of North Hempstead, 2 Glen Cove and the county overall.
Diabetes Control: Recommended Foot Exam among diabetics	80.4%	n/a	n/a	<ul style="list-style-type: none"> Those 55-64 years were more likely to report having foot exams than those 45-54 years and those above 65. Westbury/New Cassel residents were more likely to report having foot exams than residents in Freeport/Roosevelt.
Diabetes Control: Recommended Eye Exam among diabetics	85.1%	n/a	n/a	<ul style="list-style-type: none"> Those 55-64 were more likely to report having an eye exam than those 45-54.
Asthma: Current Prevalence	5.7%	9.3%	8.0%	<ul style="list-style-type: none"> NC residents had lower asthma prevalence than NYS and the nation.

	Nassau	New York	US	Statistically Significant Geographic Findings
Health Behaviors and Lifestyle Choices				
Engage in recommended levels of physical activity	44.8%	48.1%	49.1%	<ul style="list-style-type: none"> Adults 65 and over less often engaged in recommended physical activity than adults 25-44 and 55-64.
Eat recommended servings of fruits and vegetables	25.7%	26.0%	23.2%	<ul style="list-style-type: none"> Women more often ate recommended servings than men. Whites more often ate recommended servings than Hispanics. Residents in Hempstead Village/Uniondale less often ate recommended servings than residents in the Town of North Hempstead² and the county overall.
Overweight: BMI of 25 to 29.9	38.9%	37.6%	36.7%	<ul style="list-style-type: none"> Males were more likely to be overweight than females.
Obese: BMI of 30 or higher	19.6%	22.2%	24.4%	<ul style="list-style-type: none"> Blacks were more likely to be obese than Whites. Those in the Other race category were less likely to be obese than Blacks, Whites and Hispanics.
Current Tobacco Use in past 30 days	15.4%	20.5%	20.6%	<ul style="list-style-type: none"> Adults 45-54 years were more likely to be current tobacco users than those 65 and older.
Engage in behaviors that increase risk of HIV/AIDS	2.1%	n/a	n/a	<ul style="list-style-type: none"> Residents between 18-24 years more often engaged in risky behaviors than 55-64 year olds.
Alcohol: Binge Drinking (5 or more drinks on an occasion)	10.7%	14.7%	14.4%	<ul style="list-style-type: none"> Men more often reported binge drinking than women. Those 18-44 years more often reported binge drinking than those above 55 years. Those 25-34 years more often reported binge drinking than those 45-54 years. Whites more often than Other race category reported binge drinking. Nassau County residents less often reported binge drinking than NYS and the nation.
Alcohol: Heavy Drinking (2 or more drinks on an occasion)	2.9%	4.9%	4.9%	<ul style="list-style-type: none"> Whites more often than Blacks and Hispanics reported heavy drinking. Inwood and Westbury/New Cassel residents less often reported heavy drinking than the county overall. Nassau County residents less often reported heavy drinking than NYS and the nation.

Oral Health

Oral disease has a direct impact on the health of all populations, especially pregnant women and children. Dental problems such as caries, erosion, periodontal infection, loose teeth, and ill-fitting crowns, bridges, and dentures have special significance during pregnancy. Tooth decay is the result of repeated acid attacks on the tooth enamel. Increases in tooth decay during pregnancy may be due to changes in diet and oral hygiene, and nausea and vomiting can cause extensive erosion. Oral disease in pregnancy can contribute to preterm and low birthweight babies. NCDOH's Preventive Dental Services Program promotes oral health through education, case management and support of the Oral Health Coalition of Nassau and Suffolk. In 2008, program staff provided oral health education to 1,500 WIC participants and distributed 2,500 educational materials.

The program also participates in the American Dental Association's Give Kids a Smile Day, which provides free oral health screening to children who reside in low socioeconomic status communities. In 2008, 79 children who participated in the screening were identified as in need of dental care. NCDOH provided case management to these children. 82% successfully received the needed care, while 18% were lost to follow-up. Additional oral health indicators are described on the following page:

Nassau County Oral Health Indicators: 2002-2004

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	Ranking Quartile	HP2010 Goal	HP2010 Goal Met?
% OF 3rd GRADE CHILDREN...									
With caries experience (all)	N/A	50.4	54.1	No	53.8	No	2nd	42	No
-High Socio-economic status	N/A	44.5	48.0	No	48.6	No	1st	42	No
-Low Socio-economic status	N/A	57.8	59.6	No	65.8	No	1st	42	No
With untreated caries (all)	N/A	25.6	33.1	No	29.6	No	2nd	21	No
-High Socio-economic status	N/A	17.8	23.1	No	23.0	No	1st	21	Yes
-Low Socio-economic status	N/A	36.2	40.8	No	41.8	No	2nd	21	No
With dental sealants (all)	N/A	26.9	27.0	No	38.1	No	4th	50	No
-High Socio-economic status	N/A	32.3	41.1	No	42.5	No	4th	50	No
-Low Socio-economic status	N/A	20.0	17.8	No	28.9	No	3rd	50	No
With dental insurance (all)	N/A	65.7	80.1	No	75.9	No	4th	N/A	N/A
-High Socio-economic status	N/A	60.3	76.2	No	75.9	No	4th	N/A	N/A
-Low Socio-economic status	N/A	75.8	84.1	No	79.0	No	3rd	N/A	N/A
With at least one dental visit in last year (all)	N/A	84.2	73.4	No	77.7	No	1st	N/A	N/A
-High Socio-economic status	N/A	93.4	86.9	No	87.3	No	1st	N/A	N/A
-Low Socio-economic status	N/A	66.5	60.9	No	57.8	No	1st	57	Yes
Reported taking fluoride tablets on a regular basis (all)	N/A	30.9	19.1	No	26.9	No	3rd	N/A	N/A
-High Socio-economic status	N/A	37.6	29.6	No	30.5	No	2nd	N/A	N/A
-Low Socio-economic status	N/A	16.9	10.4	No	17.7	No	3rd	N/A	N/A
Caries Outpatient Visit Rate per 10,000 - Age 3-5 Years (2005-07)	301	31.4	87.7	Yes	99.8	Yes	1st	N/A	N/A

Immunization

NCDOH's Immunization Program conducts clinical quality improvement activities in partnership with local providers. One important aspect of these initiatives is assessing progress toward Healthy People 2010 immunization goals for children and adults. In 2008, staff conducted reviews at 17 pediatric sites. 89% of 2 year old children were appropriately immunized against the 4-3-1-3-3 standard (4 doses diphtheria, tetanus, pertussis; 3 doses polio; 1 dose measles, mumps, rubella; 3 doses hepatitis B and 3 doses haemophilus influenzae type B). An additional 12 reviews were conducted at adult providers. Data from these assessments and additional immunization and infectious disease indicators are described in the following tables.

Indicator	2008
Pediatric Assessments Completed	17
4-3-1-3-3 Coverage	89%
Influenza vaccine: 1 year	67%
Influenza vaccine: 2 years	67%
Adult Assessments Completed	12
Influenza Vaccine: High Risk	53%
Pneumococcal Vaccine: High Risk	46%
Pneumococcal Vaccine: Others	1%
Tetanus and Diphtheria Vaccine	37%
Hepatitis B Vaccine: High Risk	0%
Hepatitis B Vaccine: Others	3%
Varicella Vaccine: High Risk	0%

Immunization and Infectious Diseases Indicators - Nassau County

Immunization and Infectious Diseases Nassau County 2005-2007

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	Ranking Quartile	HP2010 Goal	HP2010 Goal Met?
Pneumonia/flu hospitalizations in adults 65+ years per 10,000 (ICD9 480-487)	9,637	164.6	162.1	No	176.8	Yes	2nd	N/A	N/A
Pertussis incidence per 100,000	164	4.1	4.6	No	6.9	Yes	2nd	N/A	N/A
H. Influenza incidence per 100,000	62	1.6	1.2	No	1.4	No	3rd	N/A	N/A
Hepatitis A incidence per 100,000	51	1.3	1.5	No	0.9	No	3rd	4.5	Yes
Hepatitis B incidence per 100,000	29	0.7	1.1	No	0.8	No	3rd	N/A	N/A
Tuberculosis incidence per 100,000	152	3.8	6.4	Yes	2.7	Yes	4th	1.0	No
E. Coli incidence per 100,000	33	0.8	0.8	No	1.2	No	2nd	N/A	N/A
Salmonella incidence per 100,000	580	14.6	14.0	No	13.0	Yes	3rd	N/A	N/A
Shigella incidence per 100,000	143	3.6	3.0	No	2.4	Yes	4th	N/A	N/A
Lyme disease incidence per 100,000	342	8.6	25.3	Yes	40.6	Yes	3rd	9.7	Yes
Behavior/Risk Indicator (2003)	County Rate	CI #	NYS Rate	CI #	Upstate	CI #			
% of adults 65+ years with flu shot in last year	72.3	± 8.7	68.0	± 3.8	N/A	N/A	3rd	90.0	No
% of adults 65+ years that ever received pneumonia shot	72.1	± 8.6	61.7	± 3.4	N/A	N/A	3rd	N/A	N/A

s: Total suppressed for confidentiality

*: Fewer than 20 events in the numerator; therefore the rate is unstable

#: 95% confidence interval for BRFSS/Expanded BRFSS indicators

Rabies

NCDOH has conducted a program to eliminate raccoon rabies from NC since it was first detected in August of 2004. An integral part this initiative is the oral rabies vaccination program (ORV) which involves the seasonal distribution of approximately 100,000 packets of vaccine contained within an attractant bait. NCDOH zoonoses surveillance staff compile data to track the presence of rabies in the raccoon population and collect, prepare and ship specimens to NYSDOH's Wadsworth Laboratory for analysis. The last reported positive raccoon was collected on October 31, 2007.

These activities prevented a larger outbreak of rabies and has limited and perhaps even eliminated its spread among raccoons.

West Nile virus Surveillance and Control

In August of 2008, NCDOH's environmental West Nile virus (WNV) surveillance activities detected increases in the mosquito population and the proportion of those testing positive for WNV. This pattern occurred simultaneous to a rise in the number of reports of human infection. NCDOH consulted with experts from the NYSDOH and NYS Department of Environmental Conservation (NYSDEC). An emergency authorization was issued to allow the aerial application of adulticide over certain areas of the county. Post-application surveillance revealed a marked decrease in mosquito populations.

Citations:**Age-Adjustment**

Klein RJ, Schoenborn CA. Age adjustment using the 2000 projected U.S. population. Healthy People Statistical Notes, no. 20. Hyattsville, Maryland: National Center for Health Statistics. January 2001.

CDC Wonder

Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2006. CDC WONDER On-line Database, compiled from Compressed Mortality File 1999-2006 Series 20 No. 2L, 2009. Accessed at <http://wonder.cdc.gov/cmfi-icd10.html>

H-CUP

Internet Citation: HCUPnet, Healthcare Cost and Utilization Project. Agency for Healthcare Research and Quality, Rockville, MD. <http://hcupnet.ahrq.gov/>

Weighted national estimates from HCUP Nationwide Inpatient Sample (NIS), 2006, Agency for Healthcare Research and Quality (AHRQ), based on data collected by individual States and provided to AHRQ by the States. Total number of weighted discharges in the U.S. based on HCUP NIS = 39,450,216. Statistics based on 10 or fewer weighted cases in the nationwide statistics (NIS and KID) are not reliable. These statistics are suppressed and are designated with an asterisk (*).

Weighted national estimates from HCUP Nationwide Inpatient Sample (NIS), 2005, Agency for Healthcare Research and Quality (AHRQ), based on data collected by individual States and provided to AHRQ by the States. Total number of weighted discharges in the U.S. based on HCUP NIS = 39,163,834. Statistics based on 10 or fewer weighted cases in the nationwide statistics (NIS and KID) are not reliable. These statistics are suppressed and are designated with an asterisk (*).

Weighted national estimates from HCUP Nationwide Inpatient Sample (NIS), 2004, Agency for Healthcare Research and Quality (AHRQ), based on data collected by individual States and provided to AHRQ by the States. Total number of weighted discharges in the U.S. based on HCUP NIS = 38,661,786. Statistics based on 10 or fewer weighted cases in the nationwide statistics (NIS and KID) are not reliable. These statistics are suppressed and are designated with an asterisk (*).

Statistical Significance:

www.health.state.ny.us/statistics/chac/chai/docs/statistical_significance.pdf

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